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October 25, 2024

ALITA FRIEDMAN 19693 BOCA WEST DRIVE BOCA RATON, FL 33434 US

SUBJECT: NATIONAL WOMEN'S PICKLEBALL ASSOCIATION, LLC

Ref. Number: W24000145474

We have received your document for NATIONAL WOMEN'S PICKLEBALL ASSOCIATION, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

RECEIVED Letter Number: 124A00023600

NOV 19 2024

Note: ADDITIONAL CHECK* 151 for \$ 72,50 lachos.

ALSO ENLIOSET CERTIFICATE OF GOOD STANDING
- Application for Foreign LLC Registration,

COVER LETTER

| | stration Section ion of Corporations | | | | |
|--|--------------------------------------|--------------------------|--|---|--|
| SUBJECT: | NATIONAL WOM | EN'S PICKLEBALL AS | SOCIATION, LLC | | |
| SOBJECT. | | Name of corporation | - must include suffix | | |
| Dear Sir or M | ladam: | | | | |
| "Certificate o | f Existence," or "Co | | ling" and check are sub | ct Business in Florida," emitted to register the | |
| Please return | all correspondence | concerning this matter | to the following: | | |
| ALITA FRIEI | DMAN | | | | |
| | | Name of F | Person | | |
| NATIONAL V | VOMEN'S PICKLEB | ALL ASSOCIATION | | | |
| | - | Firm/Comp | pany | | |
| 19693 BOCA | WEST DRIVE | | | | |
| | | Addre | SS | · · · · · · · · · · · · · · · · · · · | |
| BOCA RATO | N, FL 33434 | | | | |
| | | City/State an | d Zip code | | |
| ALITAFRIED | MAN@GMAIL.CON | | | | |
| | E-mail | address: (to be used for | or future annual report i | notification) | |
| For further in | formation concerning | g this matter, please ca | 111: | | |
| ALITA FRIED | DMAN | at (732 | 319-0502 | | |
| Nam | e of Person | Area Code | Daytime Telep | hone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | Registration S Division of Co P.O. Box 632 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 | |
| | ing Fec | RIDA DEPARTMENT | OF STATE \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee. Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | many adopted for the purpose of transacting business in the | ida. The alternate name must include "Limited Liability Com | .pun; Dinie, vi | |
|-----------------------------------|--|---|-----------------|--|
| DELAWARE | | 99-4386580 3. | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | (FEI number, if applicable) | | |
| | (Date first transacted business in Florida, if prior to re- | gistration.) | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine | | | |
| NATIONAL WOMEN | ES PICKLEBALL ASSOC. | NATIONAL WOMEN'S PICKLES | BALL ASSOC | |
| reet Address of Principal Office) | | 6. (Mailing Address) | | |
| 2810 N CHURCH ST NUM 252483 | | 19693 BOCA WEST DRIVE | | |
| WILMINGTON . DE 19802 | | BOCA RATON, FL 33434 | | |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | 7024 1 | |
| Name: | ALITA FRIEDMAN | | 51 YON H747 | |
| Office Address: | 19693 BOCA WEST DRIVE | | AH 12: | |
| | BOCA RATON | 33434 Florida | | |
| | (City) | (Zip code) | | |

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: CATHERINE BARTON Name: ALITA FRIEDMAN □Manager □Manager 8280 WATERLINE DR 19693 BOCA WEST DR ■ Member Address: ■ Member Address: **UNIT 102** BOCA RATON, FL 33434 □ Authorized □ Authorized BOYNTON BEACH, FL 33472 Person Person □Other_____ Other____ Other _____ □Other Name: □Manager ☐ Member Address: ______ □Member Address: _____ ☐ Authorized □ Authorized Person Person Other____ □Other □Other____ Other____ Name: _____ Name: _____ □Manager □Manager Address: □Member ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other Other □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false/Information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.8 1/1/155. F.S. Alita Friedman Signature of an authorized person

Typed or printed name of signee

ALITA FRIEDMAN



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "NATIONAL WOMEN'S PICKLEBALL
ASSOCIATION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SECOND DAY OF JULY,

A.D. 2024, AT 8:19 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL WOMEN'S PICKLEBALL ASSOCIATION LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204812398

Date: 11-06-24