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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company SEALED PLANS, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	SEALED PLANS, LLC			
Name of Limited Liability Company				
		ity Company for Authorization to Transact Business in Florida," Certificate over eferenced foreign limited liability company to transact business in Florid		
Please	return all correspondence concerning this matte	er to the following:		
	Chelsea Chapman			
	,,	Name of Person		
	Firm/Company			
	801 US Highway 1			
Address		Address		
	North Palm Beach, FL 33408			
	·	City/State and Zip Code		
	compliance@corpereations.com			
	E-mail address: (to	o be used for future annual report notification)		
For fur	ther information concerning this matter, please	call:		
Chelsea Chapman		561 694-8107 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section		
		Division of Corporations		
		The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D S125.00 Filing Fee \$130.00 Filing Certifica	DEPARTMENT OF STATE		

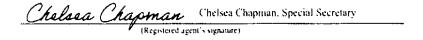
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SEALED PLANS, LLC (Name of Foreign	· Limited Liability Company; must include "Limite	d Liability Con	npany," "L.L.C.," or "LLC.")	
	iame adopted for the purpose of transacting business in E	lorida. The altern	ate name must include "Limited Liability Compa	ny," "L.L.C," or "LLC")
Delaware		3	(FEI number, if applicab	
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicab	le)
06/07/2023				
<u></u>	(Date first transacted business in Florida, if prior to (See sections 605 0804 & 605 0805; F.S. to determ	registration) ine penalty liabil	ny)	
2392 Commercial Way	v #194	239	2 Commercial Way #194	
eet Address of Principal Office)		6	(Mailing Address)	
Springhill, FL 34606		Spr	inghill, FL 34606	
Name and street address	s of Florida registered agent: (P.O. Box	(<u>NOT</u> acce	ptable)	24 BEC
Name:	Corporate Creations Network Inc.		_	18 4
Office Address:	801 US Highway 1		_	#17 10: 51
	North Palm Beach		33408 , Florida	80 01/6
	(City)		(Zip code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: NICHOLAS R HOLMES	□Manager	Name:
□Member	Address: 2392 Commerical Way #194	□Member	Address:
□Authorized	Springhill, FL 34606	□Authorized	
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□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. Non-indexed 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.817.155, F.S.

Chelsea Chapman Signature of an authorized person			
Chelsea Chapman, Attorney-in-Fact			
Typed or printed name of signee			



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEALED PLANS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEALED PLANS, LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2023.

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

Authentication: 205084448

Date: 12-10-24