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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

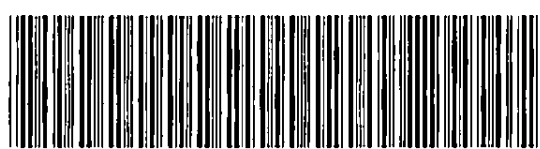
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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:

1. Salesman Life LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Sheridan, Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. September  
(Last date transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 30 N Gould St  
(Street Address of Principal Office)

6. 957 Lemar Rd  
(Mailing Address)

St R

Newmarket, Ontario L3Y 1S2

Sheridan, Wyoming 82801

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

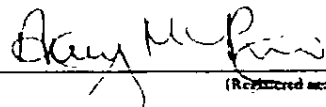
Name: Amy Preston

Office Address: 2929 E Commercial Blvd, Ste 409

Ft. Lauderdale, Florida 33308  
(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.

  
(Registered agent's signature)

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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):

| <u>Title or Capacity:</u>                       | <u>Name and Address:</u>                    | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                    |
|-------------------------------------------------|---------------------------------------------|------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> Manager     | Name: <u>Vincenza Lind</u>                  | <input type="checkbox"/> Manager               | Name: <u>Amy Preston</u>                    |
| <input type="checkbox"/> Member                 | Address: <u>957 Lemar Rd, Newmarket, ON</u> | <input type="checkbox"/> Member                | Address: <u>2929 E Commercial Blvd. Ste</u> |
| <input type="checkbox"/> Authorized             | <u>L3Y 1S2 Canada</u>                       | <input checked="" type="checkbox"/> Authorized | <u>Ste. 409</u>                             |
| Person                                          | _____                                       | Person                                         | <u>Fort Lauderdale, FL 33308</u>            |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        |
| <br><input checked="" type="checkbox"/> Manager | <br>Name: <u>Adam Lind</u>                  | <br><input type="checkbox"/> Manager           | <br>Name: _____                             |
| <input type="checkbox"/> Member                 | Address: <u>957 Lemar Rd</u>                | <input type="checkbox"/> Member                | Address: _____                              |
| <input type="checkbox"/> Authorized             | <u>Newmarket, ON L3Y 1S2 Canada</u>         | <input type="checkbox"/> Authorized            | _____                                       |
| Person                                          | _____                                       | Person                                         | _____                                       |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        |
| <br><input type="checkbox"/> Manager            | <br>Name: _____                             | <br><input type="checkbox"/> Manager           | <br>Name: _____                             |
| <input type="checkbox"/> Member                 | Address: _____                              | <input type="checkbox"/> Member                | Address: _____                              |
| <input type="checkbox"/> Authorized             | _____                                       | <input type="checkbox"/> Authorized            | _____                                       |
| Person                                          | _____                                       | Person                                         | _____                                       |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Vincenza Lind  
 \_\_\_\_\_  
 Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Salesman.Life. LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 18, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000923914**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of November, 2024 at 7:00 AM. This certificate is assigned ID Number 078095932.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

ATTENTION:

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Adam and Vincenza Lind

957 Lemar Rd, Newmarket, ON L3Y 1S2

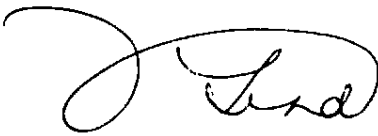
November 13, 2024

To Whom It May Concern,

This cover letter is to acknowledge the submission of our out of state LLC in Wyoming is in good standing and would like to be registered in the state of Florida to do business via Real Estate Investing.

Please find the attached form along with the State of Wyoming's Good standing report of our company Salesman.Life LLC along with the Fees of \$160 USD applying for all options stated in the form.

Best regards,

A handwritten signature in black ink, appearing to read 'V. Lind', with a large, stylized loop at the beginning.

Vincenza Lind

Owner/Director of Salesman.Life LLC