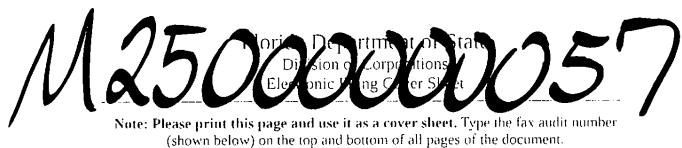
Fax: 8134365206 To: 18506176383 Page 1/4 1/2/2025 05:30:39 PST



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Email Address:_____

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

Foreign Limited Liability Company Bay Notary Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

K. SALY

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1/2/2025 05:30:39 PST • To: 18506176383 Page 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. Bay Notary Se	Emitted Liability Company, must include "Limited l	Liability Company," "L.L.C.," or "L.C.")			
(If name unavailable, enter afternate	name adopted for the purpose of transacting business in Hor	isla. The alternate name must include "Limited Liability C	ompany," "L.L.C." of "LLC.")		
_{2.} NY		3 85-3502085			
Christhetion under the law of w	bich loreign limited liability company is organized)	(TE number, if app	dicable)		
4					
	(Date first transacted business in Florida, if prior to re- (See sections 60), 0904 & 608 0905, F.S. to determine	estration () pendty hability)			
, 7901 4th St N STE 300		6. 7901 4th St N STE 300			
(Street Address of Principal Office)		(Mailing Address)			
St. Petersburg, FL 33702		St. Petersburg, FL 33702			
7 Name and <u>street addre</u>	ss of Florida registered agent (P.O. Box.)	<u>NOT</u> acceptable)	BINESS BINESS		
Name:	Registered Agents Inc		歌るに		
Office Address:	7901 4th St N STE 300		PH S		
	St. Petersburg	, Florida 33702	03/6		
	(City)	(/in code)	Či. D.		
designated in this applicate to comply with the provis	stance: egistered agent and to accept service of pr tiion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in this	capacity. I further agree		
	100 1 60				

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Jordan, Jennifer	□Manager	Name:	
⁄XMember	Address: 7901 4th St N STE 300	⊟Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	□Other	Other		□Other
				题。
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□Authorized	-	□Authorized		3, 0
Person		Person		5
□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. Fam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817,155. F.S.

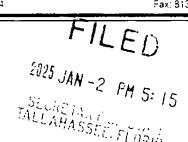
Robin Jones

Typed or printed name of opice

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status



I, BRENDAN C. HUGHES. Acting Secretary of State of the State of New York and custodian of the records required by law to be filled in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BAY NOTARY SERVICES LLC

DOS 1D Number: 6316416

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 11/01/2021

Statement Status: CURRENT Statement Due Date: 11/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 09, 2024 at 01:42 P.M.

BRENDAN C. HUGHES, Acting Secretary of State