1/2/20±5 09:23 46 PST To: 18506176383 Page: 1/4 Fax: 8134365206

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Division of Corporations

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From:

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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Email Address:	

Foreign Limited Liability Company Bold City Design Studio LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iame iinavailable, enter alternate	name adopted for the purpose of transacting business in Florida. I	he alternate name must include "Litrated Embility Co	unpany." "L. L.C." or
Delaware		_{3.} 99-2056727	
Durisdiction under the law of s	hich foreign limited liability company is organized)	(Ed number, il appl	licable)
	(Date first transacted business in Florida, if prior to registra (See sections 605,0904 & 605,0905, F.S. to determine psin	non) dry halabityr	
8 The Gre	en STEB	8 The Green STE B	
et Address of Principal Office)		(Mailing Address)	
Dover DE	19901	Dover DE 19901	
ame and street addre	SS of Florida registered agent: (P.O. Box. <u>NO</u>	<u>F_acceptable)</u>	702 7A
vame and <u>street addre</u> Name:	SS of Florida registered agent: (P.O. Box. <u>NO</u> Northwest Registered Agent		TALLAHAS
			TALLAHASSECTE
Name:	Northwest Registered Agent		TALLAHASSEC FLORID

1/2/2025 09:23:40 PST To: 18506176383 Page 3/4 Fax: 8134365206

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: Knoll, Alexander	□Manager	Name:	
₩Member	Address: 8 The Green STE B	ШМетвег	Address:	_ .
□Authorized	Dover DE 19901	□Authorized		
Person		Person		2
□Other	Other	[]Other		Couher & 1
□Managei	Name:	□Manager	Name:	The second secon
□Member	Address:	□Member	Address:	7 9
□Authorized		□Authorized		
Person		Person		
[]Other		[]Other	····	□Othes
□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.

19	MAT SIMASTON
	Signature of an authorized person
Nat Smith	
	Lyped or printed name of signee

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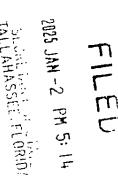
Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOLD CITY DESIGN STUDIO 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOLD CITY DESIGN STUDIO LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2024.

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





Authentication: 205241452

Date: 12-27-24