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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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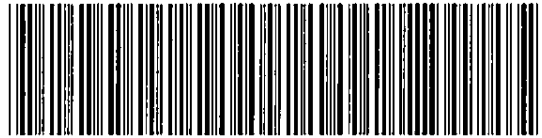
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC -3 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FL

The Law Offices of Timothy K. Anderson
TIMOTHY K. ANDERSON, ESQ.

480 Maplewood Drive, Suite 5
Jupiter, Florida 33458

Lorraine A. Hinkle
Legal Assistant

November 26, 2024

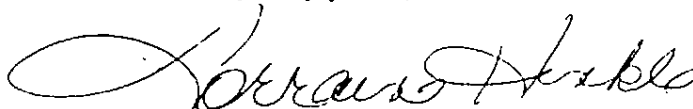
Registration Section
Division of Corporations
Clifton Building
PO Box 6327
Tallahassee, Florida 32314

Re: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida
Dietrich Enterprise, LLC.

Please find enclosed our Cover Letter, the executed original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Dietrich Enterprise, LLC, and copy of State of New Jersey Certificate of Good Standing. along with check # 14387 in the sum of \$125.00 to cover the filing fee.

Thank you for your assistance. If you have any questions, please do not hesitate to contact this office.

Very truly yours,

A handwritten signature in black ink, appearing to read "Lorraine Hinkle", written in a cursive style.

Lorraine Hinkle,
Legal Assistant to
Timothy K. Anderson, Esq.

TKA/lh

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dietrich Enterprise LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Timothy K. Anderson, Esq.

Name of Person

Law Office of Timothy K. Anderson

Firm/Company

480 Maplewood Dr., Suite 5

Address

Jupiter, FL 33458

City/State and Zip Code

info@tkalawoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy K. Anderson

561 744-8255
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 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:

1. DIETRICH ENTERPRISE, 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. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. S2-3752778
(FEI number, if applicable)

4. The LLC has not yet conducted business in Florida.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1814 Hawser Drive
(Street Address of Principal Office)

6. 1814 Hawser Drive
(Mailing Address)

Forked River, New Jersey 08713 Forked River, New Jersey 08713

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

Name: James C. Burns

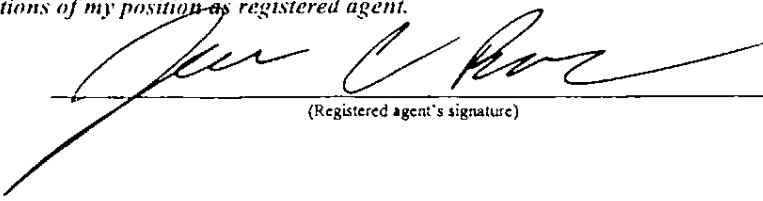
Office Address: 480 Maplewood Dr., Suite 5

Jupiter, FL 33458
(City) , Florida (Zip code)

FILED
2024 DEC -3 PM 1:50
CLERK OF STATE
TALLAHASSEE, FL

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)


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 type="checkbox"/> Manager	Name: Richard Dietrich	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1814 Hawser Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Forked River, New Jersey 08731	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	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 _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	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

Richard Dietrich

Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

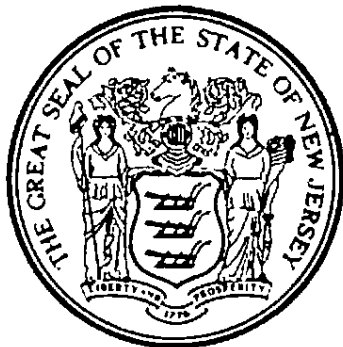
DIETRICH ENTERPRISE LLC
0450194480

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 22, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2023

I further certify that the registered agent and office are:

**RICHARD DIETRICH
1814 HAWSER DR.
FORKED RIVER, NJ 08731**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of May, 2024*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6153685743

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp