

M2S 000000 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

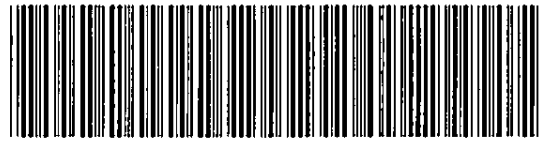
(Business Entity Name)

(Document Number)

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

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CLERK OF SUPERIOR COURT  
STATE OF NEW YORK

2024 DEC -9 PM 2:24

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Downey Ventures, LLC DBA The Blackstick  
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:

Austin M. Downey  
Name of Person

Downey Ventures, LLC DBA The Blackstick  
Firm/Company

15201 21st Ave. E.  
Address

Bradenton, FL 34212  
City/State and Zip Code

austindowney51@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin M. Downey at ( 765 ) 571-0685  
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status Certified Copy 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. Downey Ventures, LLC dba The Blackstick  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Indiana 3. 85-2818872  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 2nd, 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15201 21st Ave. E. 6. 15201 21st Ave E.  
(Street Address of Principal Office) (Mailing Address)

Bradenton, FL, 34212

Bradenton, FL, 34212

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

Name: Rachel Downey

Office Address: 15201 21st Ave. E.

Bradenton, Florida 34212  
(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.

x Rachel Downey  
(Registered agent's signature)

FILED  
2024 DEC -9 PM 2:24  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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: <u>Austin M. Downey</u>        | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>15201 21st Ave. E.</u>   | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Bradenton, FL 34212</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       | Name: _____                          | <br><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 _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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.

Austin M. Downey  
\_\_\_\_\_  
Signature of an authorized person  
Austin M. Downey  
\_\_\_\_\_  
Print Name of Authorized Person

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

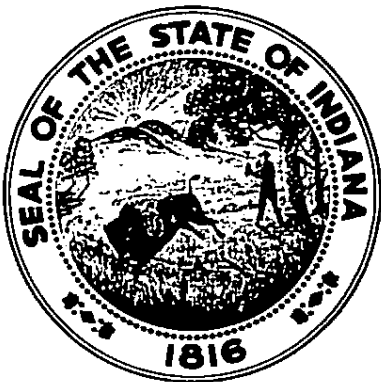
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**DOWNEY VENTURES, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 08, 2020, and was in existence or authorized to transact business in the State of Indiana on December 01, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 01, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202005081390948 / 20244098443

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on December 31, 2024.

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:

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC -9 PM 2:24

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(Registered agent's signature)

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|--------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>Austin M. Downey</u>        | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>15201 21st Ave. E.</u>   | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Bradenton, FL 34212</u>           | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                | Person                               | _____                                |
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| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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 _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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                               | _____                                |
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Austin M. Downey

Signature of an authorized person

Austin M. Downey

**State of Indiana  
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

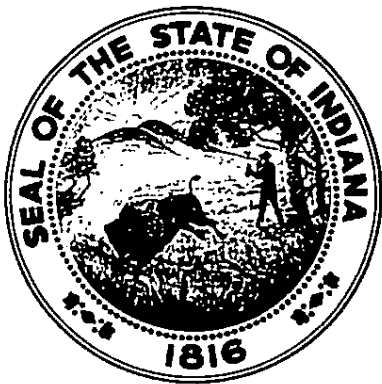
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*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

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