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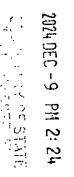
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#### COVER LETTER

**Registration Section** 

TO:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certifica Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida," Certifica Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certifica Existence and Certifica Indicate I	SUBJECT: Downey Kentures, LLC Name	DBA The Black Stick
Name of Person  Downey Ventures, LLC DBA The Black of Firm/Company  15 201 21st Au. E.  Address  Braden ton, FL 342/2  City/State and Zip Code  Questindowney 51 @ angil.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   571.0655  Name of Contact Person Area Code Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32314  Name of Person  Address  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Downey Ventures, LLC DBA The BlacksField  Firm/Company  15 201 21st Au. E.  Address  Bradin fon FL 34212  City/State and Zip Code  Questindowney 51 @ 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 Daytime Telephone Number  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Pirm/Company  Address  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303	lease return all correspondence concerning this matter to	the following:
Downey Ventures, LLC DBA The Blacksfield  Firm/Company  15 201 21st Au. E.  Address  Bradenton, FL 34212  City/State and Zip Code  Qustindowney 51 @ gmail.com  E-mail address: (the be used for future annual report notification)  or further information concerning this matter, please call:  Austin M. Downey  Name of Contact Person  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303	Austin M. Downey	Name of Percen
Address  Bradenton, FL 34212  City/State and Zip Code  Qustindowney 51 @ gmqil.com  E-mail address: (10 be used for future annual report notification)  or further information concerning this matter, please call:  Austin M. Downey at (765 ) 571-0655  Name of Contact Person Area Code Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tellahassee, FL 32314  Tallahassee, FL 32314  Address: Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303		Name of Person
City/State and Zip Code  Qustindowney 51 @ gmqil.com E-mail address: (if be used for future annual report notification)  For further information concerning this matter, please call:  Austin M. Downey at (765 ) 571-0655 Name of Contact Person at (765 ) Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  E-mail address: (if be used for future annual report notification)  at (765 ) 571-0655 Daytime Telephone Number  Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314  Tallahassee, FL 32303	Downey Venture, LL	C DBA The Blackstich
City/State and Zip Code  Qustindowney 51 @ gmqil.com E-mail address: (if be used for future annual report notification)  For further information concerning this matter, please call:  Austin M. Downey at (765) 571-0655  Name of Contact Person at (765) Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  E-mail address: (if be used for future annual report notification)  at (765) 571-0655  Daytime Telephone Number  Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314  Tallahassee, FL 32303	15201 21st Au. E.	Adlace
Austin downey 51 @ amqil.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Austin M. Downey at (765) 571-0665  Name of Contact Person Area Code Daytime Telephone Number  Mailing Address: Registration Section Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Address
Austin downey 51 @ amqil.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Austin M. Downey at (765) 571-0665  Name of Contact Person Area Code Daytime Telephone Number  Mailing Address: Registration Section Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Bradenton, FL 340	k/ 2
Austin M. Downey at (765) 571-0665  Name of Contact Person Area Code Daytime Telephone Number  Mailing Address: Registration Section Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303		ty/state and 2:1p code
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  Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	<u>austindowney 51 @ gm</u> E-mail address: (10 be	used for future annual report notification)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	or further information concerning this matter, please call	l:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Austin M. Downey Name of Contact Person	at ( 765 ) 571-0685 Area Code Daytime Telephone Number
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Tallahassee, FL 32303		
Produced to the following control of	rananassee, FL 32314	•
Please make check payable to: FLORIDA DEPARTMENT OF STATE	Enclosed is a check for the following amount:	A DOTAINS OF OF A TH

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

	te name adopted for the purpose of transacting business in Flor			T.1.C.")
(Jurisdiction under the law of	if which foreign limited liability company is organized)	3. <u>85-28188</u>	nber, if applicable)	_
4. <u>December</u>	2 nd, 2024 (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	géttration.) e penalty liability)	<u>-</u>	
5. 15201 21st (Street Address of Principal Offic	Au. E.	6. 15201 21st Au	ε <u>Ε.</u>	_
Bradenton,	FL, 34212	Bradenton, FL,	34212	_
			2024	_
7. Name and street add	ress of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	2024 DEC -9	(229-e
Name:	Rachel Downey		PH 2: 21	
Office Address	: 15 201 21st An. E.		24 11E	
	Bradenton	Florida 3421	2	
	(City)	(Zip code)	<del></del>	
design <mark>ated in this appli</mark> to comply with the prov	registered agent and to accept service of prication. I hereby accept the appointment as visions of all statutes relative to the proper cons of my position as registered agent.	registered agent and agree to act and complete performance of my	in this capacity. I fur	ther agr
	8 Rachel Sovey (Registered agent's si			

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Austin M. Downey □Manager □Manager Name: \_\_\_\_\_ Address: 15201 21st Av. E. **S**Member □Member Address: \_\_\_\_\_\_ Bradenton, FL, 34212 ☐ Authorized □ Authorized Person Person □Other □Other \_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Manager Name: □Manager Name: □Member Address: \_\_\_\_\_\_ □Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other □Other\_\_\_\_ Name: \_\_\_\_\_ Name: □Manager □Manager Address: ☐ Member Address: □Member □ 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. Nonindexed 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

## 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 SEC COMPANY TO TRANSACT BE	TTON 605.0902, FLORIDA STATUTES, THI SINESS IN THE STATE OF FLORIDA:	E FOLLOWIN	G IS SUBMITTED	TO REGISTER .	A FOREIGN	LIMITEL	) LIABILIT
1. Downey 1 (Name of Foreign	lentures, LLC di	nited Liability	Blacks.	tick			_
(If over many table enter alternate	name adopted for the purpose of transacting business	to Physida Who a			·	et I C !	
	, , , ,				. , .	•	TLLL.")
2. Indiana	hich foreign limited liability company is organized)	_ 3.	85-28	318872	Kanadia bia		_
(ruisdiedoii dilaet the law of v	varen toreign immied hability company is organized)			(FEI numoer, 1	і арріксаоје)		
4. December	2nd, 2014 (Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de						
	(See sections 605.0904 & 605,0905, F.S. to de	or to registration. termine penalty l	iabilíty)				
5. 15201 2 5+ (Street Address of Principal Office)	Au. E.	6	15201 21 (Mailing Address	st Ave	<u>E</u> .		_
Bradenton, F	L, 34212	_	Bradenton	, FL, 34	1212		_
				•			
·		-	·				<del></del>
7 Name and street addre	ss of Florida registered agent: (P.O. I	Rox NOT a	ccentable)		တ	22	
<u> </u>	so or reside registered again. (r.o. r	30% <u>140,1</u> 4	ouplasto)			172(	
	0   1   0				2	ŒC	
Name:	Rachel Downey				= 3	-9	-
Office Address:	15201 21st An. 1	<u> </u>			7.9F.9	2024 DEC -9 PM 2: 2	
	Dandonlas			241212	<u> </u>	5.	<b>O</b>
	(City)		, Florida _	(Zip code)	<u> </u>	24	
designated in this applica to comply with the provis	gistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro	of process f it as registe per and con	or the above stat red agent and ag aplete performan	ed limited liai ree to act in t ice of my duti	bility comp his capacit es, and I a	any at th ty. I furt m famili	her agree
and accept the obligation	s of my position as registered agent.						
	X Rachel Sowney (Registered age	oni's signatura			_		
	(registered age	» 31g.m.m.c.)					

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: Name: Austin M. Downey □Manager □Manager Name: Address: 15201 21st Av. E. Member

 Member □ Member Address: Brudenton, FL, 34X12 ☐ Authorized □ Authorized Person Person □Other\_\_\_\_\_ Other Other □Other\_\_\_\_ □Manager Name: \_\_\_\_ □Manager Name: Address: □Member □Member Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ 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. Nonindexed 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

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Viego Morales

DIEGO MORALES
SECRETARY OF STATE

202005081390948 / 20244098443

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