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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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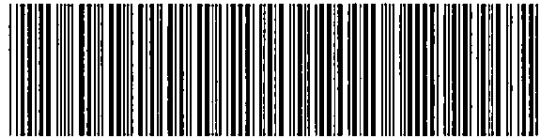
(Business Entity Name)

(Document Number)

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T. LEMIEUX
JAN 09 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPLASH Treasure Coast, 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:

Jill Plough

Name of Person

Firm/Company

8640 Waterford Dr

Address

Mount Vernon, IN 47620

City/State and Zip Code

Parlor.Treasurecoast@gmail.com

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

For further information concerning this matter, please call:

Jill Plough

812
at ()

204-0308

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. SPLASH Treasure Coast, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SPLASH Treasurecoast, 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. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-047593

(FEI number, if applicable)

4. May 17, 2025

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

5. 1707 NW St. Lucie West Blvd.

(Street Address of Principal Office)

6. 1222 Raleigh Dr

(Mailing Address)

Unit 106

Port St. Lucie, FL 34986

Evansville, IN 47725

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


Name: James M. Ashworth

Office Address: 9021 Severn Lane

New Port Richey, Florida 34655
(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.


(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: <u>Steve Plough</u>	<input type="checkbox"/> Manager	Name: <u>Jason Ashworth</u>
<input checked="" type="checkbox"/> Member	Address: <u>8640 Waterford Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>1225 Raleigh Dr</u>
<input type="checkbox"/> Authorized	<u>Mt Vernon, IN 47620</u>	<input type="checkbox"/> Authorized	<u>Evansville, IN 47725</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u>Jill Plough</u>	 <input type="checkbox"/> Manager	 Name: <u>Kendyl Ashworth</u>
 <input checked="" type="checkbox"/> Member	 Address: <u>8640 Waterford Dr</u>	 <input checked="" type="checkbox"/> Member	 Address: <u>1225 Raleigh Dr</u>
 <input type="checkbox"/> Authorized	 <u>Mt Vernon, IN 47620</u>	 <input type="checkbox"/> Authorized	 <u>Evansville, IN 47725</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u></u>	 <input type="checkbox"/> Manager	 Name: <u></u>
 <input type="checkbox"/> Member	 Address: <u></u>	 <input type="checkbox"/> Member	 Address: <u></u>
 <input type="checkbox"/> Authorized	 <u></u>	 <input type="checkbox"/> Authorized	 <u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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

Jill Plough

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

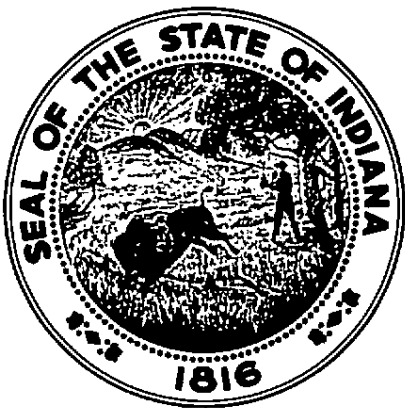
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SPLASH TREASURE COAST LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 05, 2023, and was in existence or authorized to transact business in the State of Indiana on December 03, 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 03, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

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

Expires on January 02, 2025.