To: 18506176383 Fax: 8134365206 1/27/2025-08:54:#9 PST Page: 1/4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	

Foreign Limited Liability Company Prospere Agunt LLC

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Estimated Charge	\$125.00

K. SALY

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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limited					
, Delaware	name adopted for the purpose of transacting business in Flo		alternate name must include "Limited Liab	ility Company." "L.L.C." or "Lt	.C.")	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)				
4.	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	egistratio e penalty	r) liability)			
17167 Three Oaks Parkway Unit 1216 5. (Street Address of Principal Office)			6. 17167 Three Oaks Parkway Unit 1216 (Mailing Address)			
Fort Myers	Florida 33967		Fort Myers Florida	33967		
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	TAHASS	FIL	
Name:	Registered Agents Inc			PH 5: 27		
Office Address:	7901 4th St N STE 300			5: 21		
	St. Petersburg		, Florida 33702			
	(City)		(Zm code)			
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of po- tion. I hereby accept the appointment as ions of all statutes relative to the proper to sof my position as registered agent.	regist	ered agent and agree to act in	this capacity. I furthe	r agree	

David Romes		
	(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]:

Title or Capacity:	Name and Address:	<u>Ti</u>	tle or Capacity	<u>':</u>	Name and Address:
⊠Manager	Name: Whitlam, Tamara		Manager	Name:	
LJMember	Address: 17167 Three Oaks Parkway		Member	Address:	
□Authorized	Unit 1216		Authorized	·	
Person	Fort Myers FL 33967		Person		
Other	Other		Other		□Other
□Manager	Name:		Manager	Name:	
□Member	Address:		vlember	Address:	
□Authorized			Authorized		m e is
Person			Person		
□Other	□Other		Other		DOther 2
□Manager	Name:		Janager	Name:	
□Member	Address:		Member	Address:	
□Authorized			Authorized		
Person			Person		
Other	Other		Other		□Other

<u>Important Notice:</u> 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.

Rilling	ン いと/-1/\/(/
	ignature offin authorized pepton
Robin Jones	
	Typed or printed name of signee

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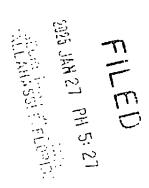
Delaware The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "PROSPERE AGUNT 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-FOURTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROSPERE AGUNT LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2015.

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



5768617 8300 SR# 20250239429 Stistopher E. Knight, Acting Secretary of State
Authentication: 202769231

Date: 01-24-25