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(((H250001561513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (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 **Engineering Paradise LLC**

Certificate of Status	0
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Page Count	04
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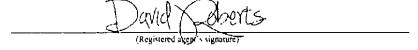
Apr 29, 2025 10:27. To: -18506176383 Page: 2/4 Fax: 18134365206

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

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fl	orida, The alternate n	nne must include "Limited Liability Company	." "L.L C." or "
GA		33-2 3	746138	
(Jurisdiction under the law of w	shich foreign limited liability company is organized)	J	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to	registration )		
	(See sections 605.0904 & 605.0905, F.S. to determi	ne penalty liability)		
7901 4th St N ST			4th St N STE 300	
reet Address of Principal Office)		(M	ailing Address)	
St. Petersburg, F	L 33702	St. Pe	etersburg, FL 33702	
	· · · <del>- · ·</del>			
Name and street addre	ss of Florida registered agent: (P.O. Box Registered Agents Inc	NOT acceptal	ole)	70 F x 70
	_ • •	NOT acceptal	ole)	0 8 × 69
Name:	Registered Agents Inc		ole) 33702 Florida	ن ج بر

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.



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:
□Manager	Name: Logue, Eli	□Manager	Name: Martins, Marina
■Member	Address:	■Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg, FL 33702	Person	St. Petersburg, FL 33702
Other	□ Other	□Other	□ Other
□Manager	Name: Moore, Deborah	□Manager	Name:
■Member	Address:	□Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	
Person	St. Petersburg, FL 33702	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. 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.

Rubin	1 16-1/2/
	Signature of an authorized pytion
Robin Jones	
	Typed or printed name of signee

Control Number: 25006116

#### STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# Engineering Paradise LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29327790
Date Inc/Auth/Filed: 01/09/2025
Jurisdiction : Georgia
Print Date : 04/28/2025
Form Number : 211

1776

Brad Raffangerger

Brad Raffensperger Secretary of State