Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728

Fax Number : (561)671-2527

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

mstocks@gunster.com

Foreign Limited Liability Company COSTA STAFFING ENTERPRISES LLC

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COSTA STAFFING E	NTERPRISES LLC				
(If name unavailable, enter alternate of	name adopted for the purpose of transacting business in Flo	rida. The alterna	te name must include "Limited Liability Con	spany," "1.1.C," or	-1.1.C.'')
DELAWARE					
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applic	able)	
4	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) e penalty liabilit			
203 LA PUERTA WA 5.	Y		LA PUERTA WAY		
(Street Address of Principal Office)		6	(Mailing Address)		_
PALM BEACH, FL 33480		PALM BEACH, FL 33480		25 J	
-					
					- 125 125
7 N		NOT acces	***!*	<u> </u>	::(3)C
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NO1 accep	table)	f.	
Name:	GY Corporate Services, Inc.				E.M
Office Address:	777 S Flagler Drive, Suite 500E	_			
	West Paim Beach		33401 , Florida		
	(Cry)		(Zip code)		

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.

/s/ Melanie B. Stocks, Asst. Secretary of GY Corporate Services, Inc.	
(Registered agent's signature)	

Gita M. Costa

Title or Capacity:	Name and Address:	Title or Capacit	<u>iy:</u>	Name and Address:
■Manager	Name: Gita M. Costa	□Manager	Name:	
□Mcmber	Address: 203 La Puerta Way	□Member	Address: _	
□Authorized	Palm Beach, FL 33480	□Authorized		
Person		Person		
Other	□Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□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
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus	s executed in accordance with section 605.	or Florida Department of Stoler, duly authenticated by the ficate is in a foreign languate of the first of th	ate Annual Rep he official havinge, a translation tes. I am aware	oort form. ng custody of records in the n of the certificate under oath that any false information
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		a third danger follows or	: 777	annovided for in a 2

Typed or printed name of signee



Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "COSTA ENTERPRISES 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 SECOND DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COSTA"

ENTERPRISES LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2025.

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

10212410 8300 SR# 20252932021

Charumi Patibanda-Sanchaz, Secretary of State

C. G. Sancher

Authentication: 203837822

Date: 06-02-25