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Division of Corporations



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Division of Corporations

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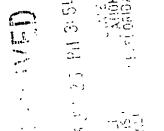
From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

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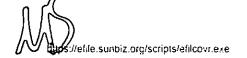


## Foreign Limited Liability Company NAPLES HENRIE HIDEAWAY, LLC

Certificate of Status	0
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Help



Registration Section

To: ,

TO:

## COVER LETTER

Divis	ion of Corporations	ns .	
SURJECT:	NAPLES HENRIE H	HIDEAWAY, LLC	
		Name of Limited Liability Company	
		eign Limited Liability Company for Authorization to Transact Business in Florida." Certif d to register the above referenced foreign limited liability company to transact business in	
Please return a	all correspondence co	concerning this matter to the following:	
	Erik Treutlein		
		Name of Person	
	Legalzoom.com,	a, Inc.	
		Firm/Company	
	11501 Domain D	Dr. STE 200	
	-	Address	
	Austin, TX 7875	58	
		City/State and Zip Code	
	taylorchenrie@gm	mail.com	
		E-mail address: (to be used for future annual report notification)	
For further info	ormation concerning	g this matter, please call:	
Erik	Treuticin	800 773-0888 at ()	
<u> </u>	Name of	f Contact Person Area Code Daytime Telephone Number	
Divis Regis P.O. I	LING ADDRESS: ion of Corporations aration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Please	ised is a check for the e-make check payable 125,00 Filing Fee	ne following amount: lle to: FLORIDA DEPARTMENT OF STATE  \$\Bullet{\Bullet}\$\Bullet	ertificate
<b></b> 3	. 2010 . Time tee	Certificate of Status Certified Copy of Status & Certified C	

To.

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NAPLES HENRIE HII						
(Name of Foreign	Limited Liability Company; must include "Limited	f Liability Company," "L.E. C.," or "LLC.")				
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flor	oda. The alternate name must include "Limited Unability Con	apany," "L L,C," or "LLC,")			
DELAWARE		33-4675908 3				
Charisdiction under the law of which foreign limited hability company is organized)		3. (Fl.f number, if applicable)				
6/11/25						
4,	(Date first fransacted business in Florida, if prior to to (See sections 605,0804 & 605,0805, F.S. to determin	egistration.)				
	(See sections 605, IPRIA & 605, IPRIS, F.S. to determin	ne penalty hability)				
348 E Manifla Drive 5.		348 E Manilla Drive 6.				
5. (Street Address of	Principal Office)	6. (Mailing Address)				
Draper, Utah 84020		Draper, Utah 84020	F.S.			
			<del></del>			
			-7 EV			
	· · · · · · · · · · · · · · · · · · ·					
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	를 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다			
			66 SEE 45			
	UNITED STATES CORPORATION .	AGENTS, INC.	<del>1</del> 2 7			
Name:	· · · · · · · · · · · · · · · · · · ·	<del></del>				
OSS N.H.	476 Riverside Ave.					
Office Address:	· · · · · · · · · · · · · · · · · · ·	······································				
	Jacksonville	32202 . Florida				
	(Cuy)	(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.

ERIK TREUTLEIN, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

(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:  ☐Manager  ☐Member  ☐Authorized  Person	Name and Address:  Name: Taylor Henrie  Address: 348 E Manilla Drive  Draper, Utah 84020	Title or Capacity:  Manager  Member  Authorized  Person	Address:	Name and Address:
Other	Other	Other		Other
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:	☐ Manage: ☐ Member ☐ Authorized ☐ Person ☐ Other	Address:	Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Address:	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.

/S/ Taylor Henrie		
	Signature of an authorized person	
Taylor Henrie		
	Lyned or orinted name of some	_

To. ,



Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAPLES HENRIE HIDEAWAY, 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-FIFTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAPLES HENRIE HIDEAWAY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2025.

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

You may verify this certificate online at corp.delaware gov/authver.shtml

10167511 8300

SR# 20253184621

Charuni Patibanda-Sanchez, Secretary of State Authentication: 204041957

C. G. Sancher

Date: 06-25-25