M25000009343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-88672

Office Use Only

100453199501

08/28/25--01002--015 **100.00

RECEIVED
2025 JUN 25 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
2025 JUN 27 PM 2:27

JUN 30 2025

K. Brumbley

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2025

STEALTH COURIER

,

SUBJECT: 802NBAYFAM, LLC
Ref. Number: W25000088672

We have received your document for 802NBAYFAM, LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 125A00013952

RECEIVED
2025 JUN 27 PM 1:05
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105
Tallahassee, FL. 32303
850-294-5632
Date- 6/25/2025

Stealth Courier Box

Requester: Shanna Oliver
Company: 802NBAYFAM
Job# : 15934613

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 802NBAYFAM 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:

Thiago Pereira
Name of Person

802NBAYFAM, LLC
Firm/Company

8601 Dunwoody Place Ste D
Address

Sandy Springs, GA 30350
City/State and Zip Code

shanna@vibeinvesting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanna Oliver at (404) 354-5795
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. 802NBAYFAM, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

802NBAYFAM, 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. WY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 39-2772925
(FEI number, if applicable)

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

5. 1032 E BRANDON BLVD #8268
(Street Address of Principal Office)

BRANDON, FL 33511

6. 8601 Dunwood Place Ste 101
(Mailing Address)

Sandy Springs, Ga 30350

2025 JUN 27 PM 2:27

APPROVED AND FILED

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

Name: Thiago Pereira

Office Address: 1032 E BRANDON BLVD #8268

BRANDON, FL (City), Florida 33511 (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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Thiago Pereira	☐Manager	Name: Pazany, LLC
☒Member	Address: 8601 Dunwoody Place	☒Member	Address: 3171 Tallevast Rd
☐Authorized	Ste 101	☐Authorized	Sarasota, FL 34243
Person	Sandy Springs, GA 30350	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_____

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

Thiago Pereira

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

802NBAYFAM LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 12, 2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001698642**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of June, 2025 at 3:18 PM. This certificate is assigned ID Number 086319130.

Chuck Gray

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.