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Division of Corporations

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Foreign Limited Liability Company Ascendura Partners LLC

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COVER LETTER

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			imited Liability Compan gister the above referenc				
Please ret	turn all	correspondence concern	ning this matter to the fol	lowing:			
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	Please 1	· · · —	owing amount; FLORIDA DEPARTM \$130.00 Filing Fee & Certificate of Status	S \$155.00	TE Filing Fee & ed Copy	S160.00 Filing I of Status & Cert	

To: , Page 4 of 6 2025-07-02 15:15:03 PDT LegalZoom.com, Inc From: Candace Pringle

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:

Ascendura Partners LL							
(Name of Foreign	Limited Linbility Company; must include "L	mitted Liability Company	(" "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business	in Florida. The alternate name	must include "Limited Liability Com	pany," "L.L.C," or "Ll.C,")			
Wyoming 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized]	39-271 3.	4851 (FEI number, if appli	(cable)			
06/26/2025							
	(Date first transacted business in Florida, if pri (See sections 605,0904, & 605,0905, F.S. to do	or to registration.) etermine penalty liability)					
5. 2576 Enterprise Rd #1	53 Principal Office)	2576 Et	(Mailing Address)				
Orange City, FL 3276.	,	Orange City, FL 32763					
				 			
7. Name and street addres	ss of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptabl	e)	, 707			
Name:	UNITED STATES CORPORATION	ON AGENTS, INC.		- JIJC 6207			
Office Address:	476 Riverside Avc.			ယ် ကြ			
	Jacksonville	,	32202 Florida	5: 09			
	(City)		(Zip code)	9			

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 significe)

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: Dania Johnson	☐ Manager	Name: Julie Howe
Member	Address: 2576 Enterprise Rd #153	■ Member	Address: 2576 Enterprise Rd #153
Authorized	Orange City, FL 32763	Authorized	Orange City, F1, 32763
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 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.

/S/ Dania Johnson		
	Signature of an authorized person	
Dania Johnson		
	Typed or printed name of signee	

To:_

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

Ascendura Partners LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 16**, **2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001700961**.

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 2nd day of July, 2025 at 4:05 PM. This certificate is assigned ID Number 086675529.

Secretary of State

From; Candace Pringle

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.