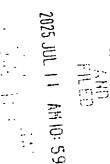
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PICK-UP WAIT MAIL
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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY	
SBBH Ventures, L.L.C.	
FOR OFFICE USE ONLY	
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PICK ONE:	
CERTIFIED COPY XX_PHOTOCOPYC.U.S.	
FILING:	
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FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT	
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APOSTILLE/NOTARY CERTIFICATION REQUEST:	
Country	
Amount of Documents	
DATE 7/11/25 TIME	
Notes:	

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

IN COMPILANCE 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:

·	Limited Liability Company; must include "Limited I			_
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flori	da. The ahemate name initit include "Limited Liai	bility Company," "L.I. C," o	r=LLC.T)
New York				
2. (Jai adiction under the law of which foreign kirated liability company is organized)		3. (P) I number	ı, if applicable)	_
4.				
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 505,0905, F.S. to determine	estration.) penalty liability)		
4801 Linton Blvd		4801 Linton Blvd		
5. (Street Address of Principal Office)		6. (Mailing Address)		_
Suite 11A #570		Suite 11A #570		_
Delray Beach, FL 3344	15	Delray Beach, FL 33445		_
7. Name and street addres	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	2025	
Name:	Bryan Herman		שון דו	三之
Office Address:	4801 Linton Blvd, Suite 11A #570		2	EE
	Delray Beach	33445 , Florida	 	
	(City)	(Zip code)	<u> </u>	

/S/ Bryan Herman
(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: Bryan Herman Name: □ Manager □ Manager Name: ____ 480: Linton Blvd Member Address: Address: □ Member Suite IIA #570 ☐ Authorized □ Authorized Delray Beach, FL 33445 Person Person □Other____ □Other_ □Other____ □Other_____ ☐ Manager Name: □Manager □Member Address: Address: □Member □ Authorized □ Authorized Person Person □Other □Other_____ □Other___ □Manager Name: □Manager Name: _____ □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person Other____ Other ____ \square Other $_$ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. 15/ Bryan Herman Signature of an authorized person

Typed or printed came of signer

Bryan Herman

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

SBBH VENTURES, LLC

DOS ID Number:

4222242

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

03/26/2012

Statement Status:

CURRENT

Statement Due Date:

03/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 10, 2025 at 05:18 P.M.

Brandon C. Higher

WALTER T. MOSLEY Secretary of State

BRENDAN C. HUGHES Executive Deputy Secretary of State

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