

M 2500001 3929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

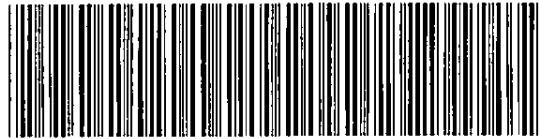
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-131859

Office Use Only



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09/10/25--01007--002 **125.00

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SEP 09 2025

25 SEP 09 11:10:43
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SEP 09 2025
FBI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2025

ANDREW VULPIS
2944 S FLORIDA AVE
LAKELAND, FL 33803 US

SUBJECT: STONERIDGE HOLDINGS LLC
Ref. Number: W25000131859

We have received your document for STONERIDGE HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Emani D Manning
Regulatory Specialist II

Letter Number: 025A00021345

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. STONERIDGE HOLDINGS LLC
(Name of Foreign Limited Liability Company; must include "Limited 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 Company," "L.L.C.," or "LLC.")

2. WYOMING
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3931943
(FEI number, if applicable)

4. 09/01/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1245 COURT STREET
(Street Address of Principal Office)

6. 1245 COURT STREET
(Mailing Address)

CLEARWATER, FL 82001

CLEARWATER, FL 82001

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

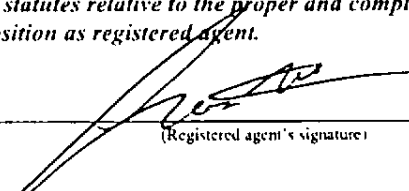
Name: MY SERVICES

Office Address: 2944 S FLORIDA AVE

LAKELAND, Florida 33803
(City) (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)

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CLERK OF COURT
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CLERK OF COURT

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>ANDREW VULPIS</u>	☐ Manager	Name: _____
☐ Member	Address: <u>11804 BIG BEAR CIRCLE</u>	☐ Member	Address: _____
☒ Authorized	<u>RIVERVIEW, FL 3579</u>	☐ 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 _____

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
ANDREW VULPIS

Typed or printed name of signer

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,

STONERIDGE HOLDINGS, L.L.C.

is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 6, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000831558**.

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 25th day of September, 2025 at 10:47 AM. This certificate is assigned ID Number 089820934.



A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State