Florida Department of State Division of Corporations

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Division of Corporations

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Foreign Limited Liability Company Aquashine II LLC

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Oct 15, 2025 05:46 To: +18506176383 Page 2/4 Fax 18134365206

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

Haibility Company; must include "Limited	Hability Compa	ny," "L.L.C.," or "LLC.")			
opted for the purpose of transacting business in Fle	orido. The alternate:	name usust melude "Limited Li	ability Company," "I L	. C," or "[] U")	
Wyoming (Jurisdiction under the law of which foreign limited flability company is organized)		39-4846263 3. (FEI number, (Capplicable)			
	(7)	linling Address)			
harlotte North Carolina 28273 Ch		harlotte North Carolina 28273			
lorida registered agent: (P.O. Box	NOT accepta	ble)		2025	
gistered Agents Inc					
1 4th St N STE 300	···		C In	å	
		33702 , Florida	 ယ)	
	opted for the purpose of transacting business in Florida, if prior to see sections 605,0904 & 605,0905, F.S. to determine 1A-9	age first transacted business in Florida, if prior to registration, is see sections 605,0904 & 605,0905, F.S. to determine penalty hability 1A-9 and 28273 Char Char Gistered Agents Inc. 1 4th St N STE 300 Petersburg	39-4846263 3. Seign limited flability company is organized) The first transacted business in Florida, if prior to registration. I see sections 605,0904 x 605,0905, F.S. to determine penalty liability (Mailing Address) 1A-9 8350 Arrowridge Blvd (Mailing Address) Charlotte North Carol Charlotte North Carol Charlotte Agents Inc 91 4th St N STE 300 Petersburg 33702 Florida	and direct researced business in Florida. If prior to registration. The alternate name mast include "Limited Loability Company," "L. 39-4846263 Tell number, if applicable? The first transacted business in Florida. If prior to registration. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. The sections 605,0904 x 605,0905, P.S. to determine penalty liability. Th	

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.

David & Grans		
	(Registered agent's stenature)	

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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: Name: Salerno, Christopher □Manager □Manager Name: Address: 8350 Arrowride Blvd 1A-9 **X** Member Address: Charlotte, NC 28273 □ Authorized \(\subseteq \)
 Authorized Person Person □Other_____ Other____ □Other Other____ □ Manager Name: □Manager □Member □Member Address: Address: □ Authorized □ Authorized Person Person Other___ □Other_____ □Other____ □Other____ Name: □Manager Name: □Manager □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. 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.817.455, F.S. Robin Joney Robin Jones

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.

Aquashine 11 LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 9**, **2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001787445**.

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 14th day of October, 2025 at 12:55 PM. This certificate is assigned ID Number 091425324.



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.