Certificate of Status Desired: No
office or registered agent, or both, in the State of Florida.
office or registered agent, or both, in the State of Florida. 01/15/2024
01/15/2024
01/15/2024
01/15/2024 Date
01/15/2024 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: O.E. BURKE III

MANAGER

01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000366420

Entity Name: PROVIDENCE FUND, LLC

Current Principal Place of Business:

FILED Jan 15, 2024 Secretary of State 5850261802CC

Date