

M16000004128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

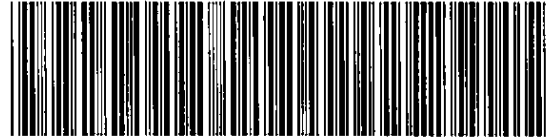
(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

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TALLAHASSEE, FL 32310
17 JAN 17 AM 10:26



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JAN 17 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2017

ASHLEY MCDERMAID
BRISTLECON HOLDINGS
PO BOX 7296
RENO, NV 89510

SUBJECT: BRISTLECON SERVICES, LLC
Ref. Number: M16000004128

2017 FEB 22 PM 2:44
TALLAHASSEE, FLORIDA

We have received your document for BRISTLECON SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THE BOON COMPANY - P13000017930

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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.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00001046

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bristlecone Services

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley McDermaid

Name of Person

Bristlecone Inc

Firm/Company

PO Box 7296

Address

Reno, NV 89511

City/State and Zip Code

ashley.mcdermaid@bristleconeholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley McDermaid at (775) 200-9926

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Bristlecone Services, LLC

Enter new principal office address, if applicable: 1401 S. Virginia St. Suite 100

(Principal office address
MUST BE A STREET ADDRESS) Reno, NV 89502

Enter new mailing address, if applicable: PO Box 7926

(Mailing address
MAY BE A POST OFFICE BOX) Reno, NV 89511

2. The Florida document number of this limited liability company is: M16000004128

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 5/10/16

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Boon LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

BoonFi LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____. Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FL 32301

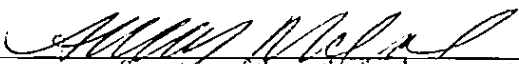
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
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TALLAHASSEE, FL 32310

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



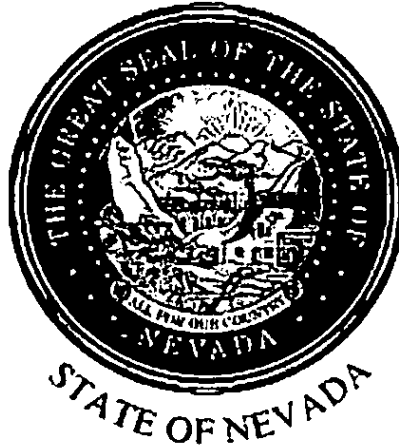
Signature of the authorized representative

Ashley McDermaid

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE



SECRETARY OF STATE
JAN 17 11:10:26 AM

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BOON LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 10, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 11, 2017.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20170111-2233
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

**ACTION BY UNANIMOUS WRITTEN CONSENT
OF THE BOARD OF DIRECTORS
OF
BRISTLECONE, INC.
a Delaware corporation**

February 1, 2017

In accordance with Section 141 of the Delaware General Corporation Law ("DGCL") and the Bylaws of this corporation, the undersigned, constituting all of the directors of Bristlecone, Inc., a Delaware corporation (the "Company"), hereby take the following actions and adopt the following resolutions by unanimous written consent without a meeting, effective for all purposes as of the date first written above.

1. **Authorization to File a DBA for Boon LLC with the Florida Secretary of State**

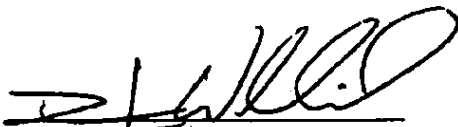
RESOLVED: That Boon LLC, organized and existing in the State of Nevada as a limited liability company, hereby adopts the name BoonFi LLC for use in the state of Florida for all purposes, since Boon's true corporate name was turned down by the Florida Secretary of State.

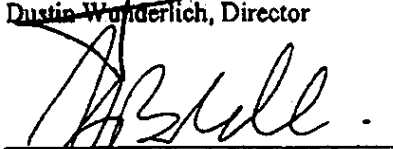
RESOLVED FURTHER: That the manager of the limited liability company is authorized and directed to take all steps that it deems necessary and appropriate to register the limited liability company to do business within the state of Florida under the name BoonFi LLC.

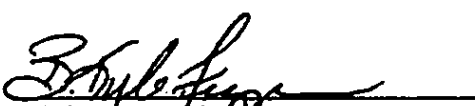
RESOLVED FURTHER: That all activities and business of the limited liability company within the state of Florida shall be carried out under BoonFi LLC.

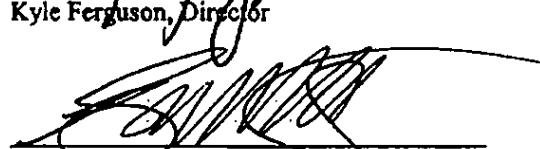
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This Action by Unanimous Written Consent of Board of Directors may be signed in one or more counterparts, each of which shall be deemed an original and all of which shall constitute one instrument, and may be delivered by facsimile or other electronic means. This action was executed effective as of the date first set forth above.


Dustin Wunderlich, Director


Justin Brownhill, Director


Kyle Ferguson, Director


Gregory Wells, Director

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STATE OF FLORIDA
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