

61811000011819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

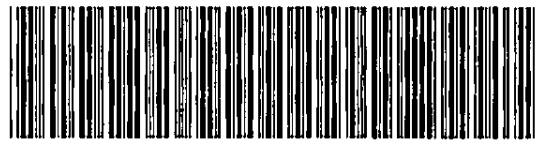
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATE
D I R E C T

2248 Meridian Boulevard, Suite F
Minden, Nevada 89423

775-824-0300 - Main

775-824-0105 - FAX

December 4, 2019

Florida Department of State
Registration Section
Division of Corporations
ATTN: YVETTE SCOTT
2415 N. Monroe St., Ste. 810
Tallahassee, FL 32303-4112

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TALLAHASSEE, FLORIDA

Re: 4041512 USGP LLC

Dear Ms. Scott:

Enclosed please find the original and one copy of foreign qualification for the above-captioned entity along with a certificate of good standing. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity by email at ahighline@corporatedirect.com or fax at 775-824-0105.

Thank you for your continued courtesy. Please do not hesitate to call me if you have any questions.

Best Regards,

Amy Highline
Incorporating Specialist

ah
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4041512 USGP LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Highline

Name of Person

Firm/Company

348 Mill Street

Address

Reno, NV 89501

City/State and Zip Code

ahighline@corporatedirect.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Amy Highline

Name of Contact Person

at (775) 284-7161

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. 4041512 USGP 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. _____
(FEE number, if applicable)

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

5. 40 5E Avenue
(Street Address of Principal Office)

Delson, Quebec, Canada J5B 1S1


6. 40 5E Avenue
(Mailing Address)

Delson, Quebec, Canada J5B 1S1

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

Name: Registered Agents Inc.
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(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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TALLAHASSEE, FLORIDA

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:

Manager Name: Michael Bird

Member Address: 40 5E Avenue

Authorized Delson, Quebec, Canada J5B 1S1

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Domenica Artuso

Member Address: 40 5E Avenue

Authorized Delson, Quebec, Canada J5B 1S1

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

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.

Michael Bird

Signature of an authorized person

Michael Bird

Typed or printed name of signer

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TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

4041512 USGP LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 3, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000879029**.

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 4th day of December, 2019 at 9:36 AM. This certificate is assigned 033720824.



Edward A. Buchanan
Secretary of State

RECORDED & INDEXED
DEC 04 2019 9:36 AM
OFFICE OF THE SECRETARY OF STATE
CHEYENNE, WYOMING