M2100000 10857

_____
(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
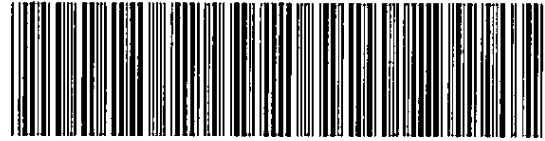(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

AUG 19 2021

M. SOLOMON

COVER LETTER

TO: **Registration Section**
   Division of Corporations

SUBJECT: _Ruppscale Capital, 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:

Joshua Rupp
_____
                        Name of Person

_____
                        Firm Company

1312 Colony Ct
_____
                        Address

Flower Mound, TX 75028
_____
                  City State and Zip Code

jrupp12@gmail.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Rupp   321   508-3349
_____ at (_____) _____
        Name of Contact Person   Area Code   Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

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 &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee, Certificate
                          Certificate of Status   Certified Copy   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. Ruppscale Capital, 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. Texas
   _____   3. _____
   (Jurisdiction under the law of which foreign limited liability company is organized)   (FEI 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. 1312 Colony Ct   6. 1312 Colony Ct
   _____   _____
   (Street Address of Principal Office)   (Mailing Address)

   Flower Mound   Flower Mound
   _____   _____

   TX 75028   TX 75028
   _____   _____

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

   Name: David Rupp
                      _____

   Office Address: 150 Goldcoast rd NE
                      _____

                      Palm Bay   32907
                      _____ , Florida _____
                      (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.

David Rupp
_____
(Registered agent's signature)

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:**
■ Manager	Name: Joshua Rupp	■ Manager	Name: David Rupp
■ Member	Address: 1312 Colony Ct	■ Member	Address: 150 Goldcoast rd NE
■ Authorized	Flower Moun, TX 75028	■ Authorized	Palm Bay, FL 32907
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

Joshua Rupp
_____
Typed or printed name of signee

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ruppscale Capital, LLC (file number 803967912), a Domestic Limited Liability Company (LLC), was filed in this office on March 10, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 13, 2021.

Jose A. Esparza
Deputy Secretary of State

Come visit us on the internet at https://www.sos.texas.gov

Phone: (512) 463-5555   Fax: (512) 463-5709   Dial: 7-1-1 for Relay Services
Prepared by: SOS WEB   TID: 10264   Document: 1071803160001