

F210000006278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

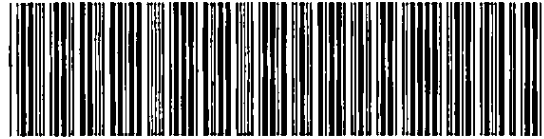
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700375372417

10/28/21--01027--009 ++70.00

S. ROBERTS

OCT 28 2021

FILED
2021 OCT 28 AM 9:49
SECTION 120 FILING OFFICE
TALLAHASSEE, FL



MONTANA SECRETARY OF STATE

August 3, 2021

Jennifer McCluskey
jennifer@montanacorporate.com

CERTIFICATION LETTER

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, do hereby certify that

Corporate Agents, LLC

filed its Articles of Organization for Domestic Limited Liability Company with this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this certificate evidencing the filing is effective on the date shown below.

Certified File Number: C1231706 - 14936634

Effective Date: August 3, 2021

You must maintain a Registered Agent for your company. Failure to do so will subject the business to administrative dissolution/revocation. Your company's annual report is due by April 15th of the next year and each consecutive year thereafter.

Thank you for being a valued member of the Montana business community. I wish you continued success in your endeavors.

A handwritten signature in black ink that reads "Christi Jacobsen".

Christi Jacobsen
Montana Secretary of State

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORPORATE AGENTS, LLC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAKE WOOD

Name of Person

CORPORATE AGENTS, LLC

Firm/Company

1170 TREE SWALLOW DR 314

Address

WINTER SPRINGS, FL 32708

City/State and Zip code

JAKE@MEDIAWORKFORCE.COM

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

For further information concerning this matter, please call:

JAKE WOOD

at (407) 4486867

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CORPORATE AGENTS, LLC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MONTANA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08.03.2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1170 TREE SWALLOW DR 314 WINTER SPRINGS, FL 32708
(Principal office street address)
- _____
(Current mailing address, if different)

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

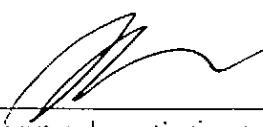
Name: CORPORATE AGENTS, LLC

Office Address: 1170 TREE SWALLOW DR 314

WINTER SPRINGS, Florida 32708
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2021 OCT 28 AM 9:49
SEC. OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: JAKE WOOD
☐ Vice Chairman Address: 1170 TREE SWALLOW DR 314
☐ Director WINTER SPRINGS, FL 32708
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☒ Other MGMR

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

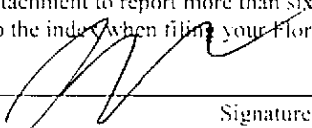
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ 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.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. JAKE WOOD _____
(Typed or printed name and capacity of person signing application)



14936634



STATE OF MONTANA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED
LIABILITY COMPANY

For Office Use Only
STATE OF MONTANA

-FILED-

SECRETARY OF STATE

File Number: 14936634

Date Filed: 8/2/2021 1:00:25 PM

FILING FEE: \$70.00

Filing Fees & Processing Options		
Fees and Processing Options	24 Hour Processing - \$90.00 - Processed within 1 business day	
Filing Effective Date		
The entity will be effective:	when filed with the Secretary of State	
Limited Liability Company Type		
Type of Limited Liability Company	Limited Liability Company (LLC)	
Limited Liability Company Name		
Entity Name	Corporate Agents, LLC	
Term		
Term Expiration	Perpetual / Ongoing	
Business Purpose		
Purpose		
Business Mailing Address of Principal Office		
Address	302 N LAST CHANCE GULCH SUITE 409 HELENA, MT 59601	
Business Physical Address of Principal Office		
<input type="checkbox"/> Add Physical Address		
Registered Agent in Montana		
Registered Agent	BUSINESS TECH CORPORATE SERVICES LLC Commercial Registered Agent Agent Number C118874 Email Address jennifer@montanacorporate.com Website Physical Address 302 N LAST CHANCE GULCH #409 HELENA, MT 59601 Mailing Address 302 N LAST CHANCE GULCH #409 HELENA, MT 59601	
<input checked="" type="checkbox"/> The appointment of the registered agent listed above is an affirmation by the represented entity that the agent has consented to serve as a registered agent.		
LLC Management		
LLC Managed By	Members	
Are Members Liable?	No	
Members		
Name Of Individual Or Business Entity	Business Mailing Address	Email Address

2021-08-03 11:11 AM Received by M. DeTroy at State Capitol Building



50361-390 / 08/03/2021 11:13 AM RECEIVED BY M. SECRETARY OF STATE CHIEF CLERK JACOBSON

Jacob Wood	302 N LAST CHANCE GULCH SUITE 409 HELENA, MT 59601													
Declarations <input checked="" type="checkbox"/> I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system. <input checked="" type="checkbox"/> I have been authorized by the business entity to file this document online. <input checked="" type="checkbox"/> I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.														
Signature <table><tr><td><u>Attorney in Fact</u></td><td><u>Corporate Agents, LLC</u></td><td><u>Ginger Hardwick</u></td><td><u>08/03/2021</u></td></tr><tr><td>Signer's Capacity</td><td>On behalf of</td><td>Sign Here</td><td>Date</td></tr><tr><td>Position</td><td colspan="3">Organizer</td></tr></table>			<u>Attorney in Fact</u>	<u>Corporate Agents, LLC</u>	<u>Ginger Hardwick</u>	<u>08/03/2021</u>	Signer's Capacity	On behalf of	Sign Here	Date	Position	Organizer		
<u>Attorney in Fact</u>	<u>Corporate Agents, LLC</u>	<u>Ginger Hardwick</u>	<u>08/03/2021</u>											
Signer's Capacity	On behalf of	Sign Here	Date											
Position	Organizer													
Daytime Contact Phone Number (406) 442-2652 Email ginger@montanacorporate.com														