

F23000003327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

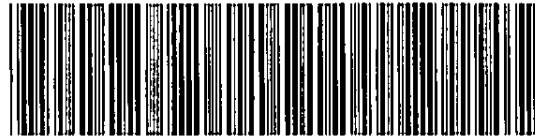
(Document Number)

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09/20/21--01019--005 **87.50

2023 JUN -5 PM 3:53

FILED
JUN 5 2023
FBI

JUN 05 2023
K. Brumley

SR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2023

PATRICIA SAGASTUME
3290 W MAYGLOWER AVE
LEHI, UT 84043

SUBJECT: LIMBLE SOLUTIONS, INC.
Ref. Number: W21000127574

We have received your document for LIMBLE SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We cannot file a Registered Agent change for an entity that is not yet filed. If you are wanting to update the RA from what was on the original submission then please fill out a new application with the correct information.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 123A00007032

RECEIVED

APR 24 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Limble Solutions, Inc.

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:

Patricia Sagastume

Name of Person

Limble Solutions, Inc.

Firm/Company

3290 W Mayflower Way

Address

Lehi, UT, 84043

City/State and Zip code

tax@limblecmms.com

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

For further information concerning this matter, please call:

Caleb Frischknecht

at (801)

813-4768

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. Limble Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. Delaware 3. 81-4312218
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/22/21 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. 3290 W Mayflower Ave. Lehi Utah 84043
(Principal office street address)

3290 W Mayflower Ave. Lehi Utah 84043
(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

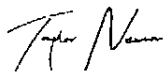
Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

2023 JUN -5 PM 3:53

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]:

A. DIRECTORS

☒ Chairman Name: Bryan Christiansen

☐ Vice Chairman Address: _____

☐ Director 3290 W Mayflower Ave.

☐ President Lehi UT 84043

☐ 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: Bryan Christiansen

☐ Vice Chairman Address: _____

☐ Director 3290 W Mayflower Ave.

☐ President Lehi UT 84043

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Caleb Frischknecht

☐ Vice Chairman Address: _____

☐ Director 3290 West Mayflower Way

☐ President Lehi UT 84043

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Patricia Sagastume

☐ Vice Chairman Address: _____

☐ Director 7901 4th St N STE 300

☐ President St. Petersburg FL 33702

☒ 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. Patricia Sagastume
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 §.817.155, F.S.

13. Patricia Sagastume
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "LIMBLE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF MAY, A.D. 2021, AT 9:42 O'CLOCK A.M.

CERTIFICATE OF CONVERSION", FILED THE FOURTH DAY OF MAY, A.D. 2021, AT 9:46 O'CLOCK A.M.

CERTIFICATE OF INCORPORATION, FILED THE FOURTH DAY OF MAY, A.D. 2021, AT 9:46 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE EIGHTH DAY OF SEPTEMBER, A.D. 2021, AT 6:52 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE NINETEENTH DAY OF SEPTEMBER, A.D. 2022, AT 10:15 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2023, AT 10:50 O'CLOCK A.M.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5890915 8310

SR# 20231210664

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203038141

Date: 03-30-23

Delaware

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "LIMBLE SOLUTIONS, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIMBLE
SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTH DAY OF MAY, A.D.
2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

5890915 8310

SR# 20231210664

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203038141

Date: 03-30-23