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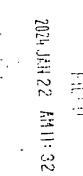
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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K. Brumbley

COVER LETTER

TO:		tration Section on of Corporation				
SUBJ	FCT∙	Bayfield Holo	ing Corp.			
30130	EC.		Name of corporatio	n - must include suffix		
Dear S	Sir or M	adam:				
"Certif	ficate of	f Existence," (by Foreign Corporation for or "Certificate of Good Sta orporation to transact busin	nding" and check are sul		
Please	return a	all correspond	ence concerning this matte	er to the following:		
GABR	HELA R	ODGERS				
			Name of	Person		
Corpor	rations &	c Companies, I	nc.			
	-		Firm/Cor	npany		
900 FC	OULK R	OAD, SUITE	201			
			Add	ress		
Wilmi	ngton, D	E 19803				
			City/State	and Zip code		
info@	corpco.c					
			E-mail address: (to be used	for future annual report	notification)	
For fu	rther in	formation cor	cerning this matter, please	call:		
GABRIELA RODGERS 302 at (at (652-4800		
	Nam	e of Person	Area Co		phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			n ations thassee reet, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		
Please	make ch	eck payable to	following amount: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	T OF STATE ■ \$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.

Bayfield Holding Corp. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
inc., "Co.," "C	orp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)		
DELAWARE	3	99-0683050			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
12/29/2023	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)			
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
40 Burton Hills I		302, F.S., to determine penalty hability)			
	SIVO., Suite 200, Nashville, TN 37215				
	Blvd., Suite 200, Nashville, TN 37215 (Principal of	ice street address)			
		ice <u>street</u> address)	2		
	(Principal of	ng address, if different)	2024		
	(Principal of		2024 JA		
Name and stre	(Principal of	ng address, if different)	2024 JAN 22		
	(Principal off	ng address, if different)			
Name:	(Principal off (Current maili et address of Florida registered agent: (P.o. Paracorp Incorporated	ng address, if different)	2024 JAN 22 MIT		
	(Principal off (Current maili et address of Florida registered agent: (P. Paracorp Incorporated 155 Office Plaza Drive 1st Floor	ng address, if different)	22 //111:		
Name:	(Principal off (Current maili et address of Florida registered agent: (P.o. Paracorp Incorporated	ng address, if different)			

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 Agnature)

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.

A. DIRECTORS								
□Chairman	Name: Michael Slocum	□Chairman	Name:					
□Vice Chairman	Address: 40 Burton Hills Blvd. Suite 200	□Vice Chairman	Address:					
Director	Nashville, TN 37215	□Director						
President		□President						
□Vice President		□Vice President						
☐Secretary	□Treasurer	□Secretary		Treasurer				
□Other		□Other		Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		Treasurer				
□Other	□Other	□Other		Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary		Treasurer				
□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. 12								

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.

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BAYFIELD HOLDING CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYFIELD HOLDING CORP." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2023.

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



Jeffrey W Bullock, Secretary of State

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