To: Qualification/Tax Lien Section Division of Corporations SUBJECT: Mamoth Capital Management Inc. (Name of corporation - must include suffix) Dear Sir or Madam: -03/29/93-01068-010 ***********7.50 ********87.50 The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all	l corresponder	ce concerning	g this matter	to the fo	ollowing:				
	Step	hen	Ron	e			- · · · · · · · · · · · · · · · · · · ·	 	
	•		(Name of	Person)				•	
	Mam	moth	Capi	tal	May	vage m	ient,	Inc.	_
			(Firm/Co	mpany)		J	•		
	5416	SW	64h	Av	ene	 			* 145 s
			(Add	ress)					2014
÷	Cape	Cocal	, FC	<u></u>	339	14	 प्रमुख्याः :	w99-2	281

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

☐ \$78.75 Filing Fee &

Certificate of Status

S70.00 Filing Fee

Stephen Rone	at (941)549-5410			1-1	Λ
(Name of Person)	(Area Code & Daytime Telephone Number)	SEC	99.	W	
STREET ADDRESS:	MAILING ADDRESS:	RE TANT AHASSE	0CT 14		19/1
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	OF STATE	PM 12: 09		
Enclosed is a check for the follow	ing amount:				

☐ \$78.75 Filing Fee &

Certified Copy

\$87.50 Filing Fee,

Certified Copy

Certificate of Status &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 4, 1999

STEPHEN RONE MAMMOTH CAPITAL MANAGEMENT, INC. 5416 SW 6TH AVENUE CAPE CORAL, FL 33914

SUBJECT: MAMMOTH CAPITAL MANAGEMENT, INC.

Ref. Number: W99000022874

We have received your document for MAMMOTH CAPITAL MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, 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.

Please note that we are returning your certified copy, as it is not the same as the certificate we require.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 299A00048103

LEE, CERT. OF GOOD STANDING AND EXISTENCE ATTACHED

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. Mammoth Capital Management Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. De laware 3. 52-2173008 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6 7 99 5. Perperval (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. No business transacted in Florida at this time (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. Cape Coral FC 33914 (Current mailing address)
8. Any Lawful Business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) PER ST
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable). Name: Stephen D. Rone The state of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable).
Office Address: 5416 SW 6th Avenue Cape Cord, FC 33914, Florida, (Zip code)
10. 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)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

11. 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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Steven Nichols
Address: 6300 S. Syracuse Way, Suite 480
Englewood, CO 80111
Vice Chairman: Stephen Rone
Address: <u>5416</u> SW 64h Avenue
Cape Coral Fl
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Steven Nichols
Address: 6300 S. Syracuse Way, Ste. 480
Engle wood, CO 80111
Vice President: Stephen Rone
Address: 54/6 SW 6+h Avenue
Cape Coral PC 33914 PT 5
Secretary: Stephen Rone
Address: 5416 SW 6th Avenue
Cope Coral M 33914
Treasurer: Stephen Nichols
Address: 6300 S- Syracuse Way, Ste. 480
Englewood, CO 80111
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Stephen D. Kone - Vice President

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAMMOTH CAPITAL MANAGEMENT, INC."

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 EIGHTH DAY OF
OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAMMOTH CAPITAL MANAGEMENT, INC." WAS INCORPORATED ON THE SEVENTED JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID IS THE EIGHTH DAY OF OCTOBER, A.D. 1999.

Edward J. Freel, Secretary of State

3053140 - 8300 -

991427035

AUTHENTICATION:

0017391

10-08-99