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| (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: |
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SECRETARY OF STATE

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405 SOUTH MAIN STREET, SUITE 800 SALT LAKE CITY, UTAH 84111 TELEPHONE (801) 530-7359 FAX (801) 364-9127

Gregory C. Zaugg

(801) 530-7359 greg@tmglaw.com

15 February 2018

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Canyon Resources, LLC Articles of Organization Designation of Registered Agent

Dear Division of Corporations:

Please find enclosed the Articles of Organization and Designation of Registered Agent in duplicate for Canyon Resources, LLC, along with our check no. 2424 in the amount of \$130.00 made payable to the Florida Department of State for the filing fee (\$125.00) and Certificate of Status fee (\$5.00). Please return a copy of the filed Articles of Organization and Designation of Registered Agent in the enclosed a self-addressed, stamped envelope.

We appreciate your assistance in this matter. Should you have any questions regarding this letter or the enclosed documents, please do not hesitate to contact me. My direct line is: 801.530.7457.

Sincerely.

THE McCULLOUGH GROUP, LLC

aralegal to Gregory C

GCZ:klm Enclosures

COVER LETTER

| то: | New Filing Section Division of Corporations | | | |
|-------------|--|--|--|--|
| SHDIE | Canyon Resources, LLC | | | |
| SUBJE | SUBJECT: Name of Limited Liability Company | | | |
| The encl | nclosed Articles of Organization and fee(s) are submitted for | r filing. | | |
| | return all correspondence concerning this matter to the following | • | | |
| | Kay Lynn Mangum | | | |
| | Name of Per | rson | | |
| | The McCullough Group, LLC | | | |
| | Firm/Comp | any | | |
| | 405 South Main Street, Suite 800 | | | |
| | Address | | | |
| | Salt Lake City, Utah 84111 | | | |
| | City/State and Zi kaym@tmglaw.com | ip Code | | |
| | E-mail address: (to be used for future annu | nal report notification) | | |
| For further | er information concerning this matter, please call: | , | | |
| | | 30-7359 | | |
| | Name of Person Area Code L | Daytime Telephone Number | | |
| Enclosed | ed is a check for the following amount: | | | |
| | 0 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certified C}\$ | | | |
| | New Filing Section New Division of Corporations Divier P.O. Box 6327 Cliff | eet Address v Filing Section ision of Corporations ion Building I Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | CL | \mathbf{E} | i - 1 | Nя | me: |
|---|----|----|--------------|-------|----|-----|
| | | | | | | |

The name of the Limited Liability Company is:

Canyon Resources, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

| 9021 Promontory Summit Drive | 9021 Promontory Summit Drive |
|------------------------------|------------------------------|
| Park City, Utah 84098 | Park City, Utah 84098 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Beryl N. Stokes, III | | |
|----------------------|------------------------------|---------------|
| | Name | · |
| 1035 West Dixie A | venue | |
| Florida street addre | ess (P.O. Box <u>NOT</u> acc | eptable) |
| Leesburg | Florida | 34748 |
| City | State | Zip |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager AMBR | Mark A. Casp 9021 Promontory Summit Drive Park City, Utah 84098 |
| AMBR | Marcella Casp 9021 Promontory Summit Drive Park City, Utah 84098 |
| MGR | Mark A. Casp 9021 Promontory Summit Drive Park City, Utah \$4098 |
| MGR | Marcella Casp 9021 Promontory Summit Drive Park City, Utah 84098 |
| (Use attachment if necessary) | |
| If an effective date is listed, the date must be speci he date of filing.) | filing: |
| | |
| This document is executed I am aware that any false ir constitutes a third degree for | ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State slony as provided for in s.817.155. F.S. |
| Mark A. Casp | |

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)