

MIH CCCCCC 6794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

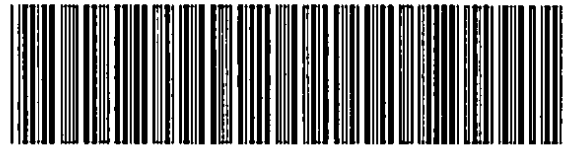
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300386432653

05/02/22 01:11:56 012 \*\*25.00

2022 MAY -2 AM 11:56

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

J DENNIS  
JUN 24 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QPP INVESTMENTS, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA SENSABAUGH

\_\_\_\_\_  
Name of Person

NCH REGISTERED AGENT

\_\_\_\_\_  
Firm/Company

4730 S FORT APACHE RD STE 300

\_\_\_\_\_  
Address

LAS VEGAS, NV 89147

\_\_\_\_\_  
City/State and Zip Code

RENEWALS@NCHINC.COM

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

For further information concerning this matter, please call:

GARY OSBORN

\_\_\_\_\_  
Name of Person

at ( 352 ) 318-2413

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: QPP INVESTMENTS, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000006794

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 9/22/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

WYOMING

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
*Gary D. Osborn*  
Signature of the authorized representative

GARY OSBORN

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that

**QPP INVESTMENTS, LLC**

a business entity originally organized under the laws of Nevada on May 9, 2014, did on April 12, 2022 apply for a Certificate of Domestication and filed Articles of Domestication in the office of the Secretary of State of Wyoming.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 12th day of April, 2022



Filed Date: 04/12/2022

*Edward A. Buchanan*  
Secretary of State

By: Shawn Havel



Wyoming Secretary of State  
Herschler Building East, Suite 101  
122 W 25th Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Email: [Business@wyo.gov](mailto:Business@wyo.gov)

WY Secretary of State

FILED: 04/12/2022 10:29 AM

ID: 2022-001102482

## Foreign Limited Liability Company Articles of Domestication

Pursuant to W.S. 17-29-1013 of the Wyoming Limited Liability Company Act, the undersigned hereby applies for a Certificate of Domestication.

1. Limited liability company name:

QPP INVESTMENTS, LLC

2. Organized under the laws of:

Nevada

(State)

3. Date of formation:

05/09/2014

(mm/dd/yyyy)

4. Period of duration:

Perpetual

*(This is referring to the length of time the company intends to exist and not the length of time it has been in existence. The most common term used is "perpetual".)*

5. Mailing address of the company:

2597 SE 150th St.  
Starke, FL 32091

6. Principal office address:

4730 S. Fort Apache Rd Ste 300  
Las Vegas, NV 89147

7. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. The registered agent must have a physical address in Wyoming. If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)*

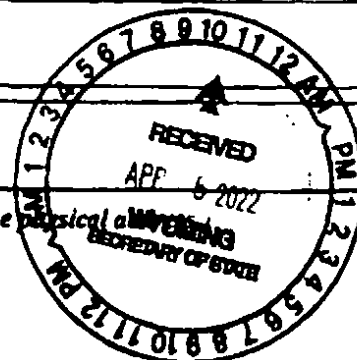
Name:

CORPORATE SERVICE CENTER, INC.

Address:

5830 E 2Nd St. #6100  
Casper, WY 82609

*(If mail is received at a Post Office Box, please list above in addition to the physical address.)*



8. The limited liability company will abide by the constitution and laws of Wyoming.

9. Certification. *(Please check the box to complete the required certification.)*

☒ I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

Signature: Gary D. Osborn  
*(May be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)*

Date: 03/21/2022  
*(mm/dd/yyyy)*

Print Name: Gary D. Osborn

Title: Manager

Contact Person: Gary D. Osborn

Daytime Phone Number: (352) 318-2413

Email: quadpeaks@outlook.com

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

**REQUIRED ATTACHMENTS TO INCLUDE WITH THE FILING:**

☐ A certified copy of its original articles of organization and all amendments currently certified within the last six (6) months by the proper officer of the state of formation.

☐ The completed application must be accompanied by an original certificate of existence/good standing, dated not more than thirty (30) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state of formation.

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

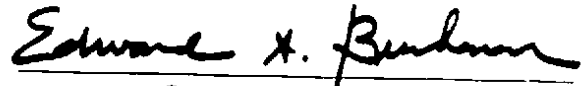
**QPP INVESTMENTS, LLC**  
is a  
**Limited Liability Company**

did on **April 12, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001102492**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of April, 2022 at 1:59 PM. This certificate is assigned ID Number 051607111.



  
Secretary of State



**BARBARA K. CEGAVSKE**

*Secretary of State*

**KIMBERLEY PERONDI**

*Deputy Secretary for  
Commercial Recordings*

**STATE OF NEVADA**



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings Division*

*202 S. Carson Street*

*Carson City, NV 89701*

*Telephone (775) 684-5708*

*Fax (775) 684-7138*

*North Las Vegas City Hall*

*2250 Las Vegas Blvd North, Suite 400*

*North Las Vegas, NV 89030*

*Telephone (702) 486-2880*

*Fax (702) 486-2888*

**Business Entity - Filing Acknowledgement**

04/21/2022

**Work Order Item Number:** W2022042105522 - 2071715  
**Filing Number:** 20222266380  
**Filing Type:** Articles of Dissolution  
**Filing Date/Time:** 04/21/2022 10:39:57 AM  
**Filing Page(s):** 1

**Indexed Entity Information:**

**Entity ID:** E0249112014-2

**Entity Status:** Dissolved

**Entity Name:** QPP INVESTMENTS, LLC

**Expiration Date:** None

**Commercial Registered Agent**

NEVADA CORPORATE HEADQUARTERS, INC

4730 S. FORT APACHE RD SUITE 300, Las Vegas, NV 89147 - 7947, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE  
Secretary of State



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E0249112014-2 Filing Number 20222266380 Filed On 04/21/2022 10:39:57 AM Number of Pages 1
---	--

## **Certificate of Dissolution/Cancellation** **Limited-Liability Company**

**NRS 86, 86.544, 86.547 and 89**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Entity information:	Name of entity as on file with the Nevada Secretary of State: <b>QPP INVESTMENTS, LLC</b>  Entity or Nevada Business Identification Number (NVID): <b>NV20141318685</b>
2. Type of Dissolution/ Withdrawal Filing Being Completed: (Select only one box)	<input type="checkbox"/> NRS 86.490: Dissolution before commencement of business a) The management of the limited-liability company is vested in one or more managers; b) The limited-liability company has not commenced business; and, c) No member's interest in the limited-liability company has been issued  The document must be signed by of at least two-thirds of the organizers or the managers. Effective Date and Time: (Optional)  Date: _____ Time: _____  (must not be later than 90 days after the certificate is filed)  <input checked="" type="checkbox"/> NRS 86.531: Articles of Dissolution  The company has been or will be dissolved. Effective date and time of dissolution (required):  Date: <b>04/21/2022</b> Time: <b>08:38 AM</b>  (must not be later than 90 days after the certificate is filed)  <input type="checkbox"/> NRS 80.547: Cancellation for Foreign Limited-Liability Company Registration  Name under which this foreign limited-liability company conducts business in Nevada:   Any other information the manager or member filing the certificate deems necessary:
3. Signature*: (Required)	<b>X</b> <u>Gary Osborn</u> Signature of Manager, Member or Organizer