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FALLAHASSEE, FLORIDA

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### **COVER LETTER**

Division of Corporations	
SUBJECT: Tolakota Propi Name of L	ertics UA Limited Liability Company
	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the f	following:
Tom Sourcey Na	me of Person
Idakota Proper	tics, LLC
1777 G. Harris	Address St., Suite 1000
Denuer, 00 Bacity/Str	Dalo ate and Zip Code
tsaurey Otuff E-mail aldress: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
Ton Sources Name of Contact Person	at ( <u>303</u> ) <u>763-5611</u> Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$ \$125.00 Filing Fee \$\frac{1}{2}\$\$ \$130.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 05.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED WABILITY.  COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Name of Foreign Limited Liability Company: must include "Limited Liability Company." "LL.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C." or "LLC.")
2. (Jurisdiction the law of which foreign limited liability (FEI number, it applicable)
company is organized)  4. MIA
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine ponulty liability)
5 1777 G. Harrison St., Ste. 1600
Denvey, 10 80210 (Street Address of Principal Office)
6_ 1777 G. Harrison St., Str. 1000
DENITY, CO BORLO (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Ausposition Service lo.
Office Address: 1201 Haus Greet
TALLANGSEF FL Florida 32301 FG 3 TT
Registered agent's acceptance: (City) (Zip code)
Having been named as registered agent and to accept service of process for the above stated limited liability company at the flace designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith 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.
Emily Croft
(Registered agent's signature Asst. Vice President
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/anc:
Tom Source, Member Denver 10 80210
Dennis Kupér, Member Benginal State, * 1600
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the circlificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
and the second
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a hird degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A . COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	FOREIGN	' LIMIT	ED LIABIL	m
1. TOO KOTO POOLITICS, LICE (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	ne must in	clude "l	Limited	
2. (Jurisdiction under the law of which foreign limited liability company is organized)  3. U7-5212315 (FEI number, if applicable)	<u> </u>			
4. Date first transacted business in Florida, if prior to registration.)	<u>-</u>			
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 1777 6. HOVELSON 6t., 6tc. 1600	_			
Denver, CO BOSLO (Street Address of Principal Office)	<del>-</del>			
6. 17776. Harrison St., Str. 1000	_			
Denver, CO BORLO (Mailing Address)	-			
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	JALL.	15 (		
Name: <u>Corporation Service Co.</u>	AHAS HAS	)CT -	<b>SLEEN NOTES</b>	,
Office Address: 1201 Hays Street  TALLA MAGGER FL. Florida 33301	RY OF SEE,	8 -P		•
(City) . Florida (Zip code)  Registered agent's acceptance:	FLOR	12: 2	U	
Having been named as registered agent and to accept service of process for the above stated limited liabile designated in this application, I hereby accept the appointment as registered agent and agree to act in thi to complywith the provisions of all statutes relative to the proper and complete performance of my duties	is capacit	ty. I fu	irther agr	ee
accept the obligations of my position as registered agent.				
(Registered agent's signature)	-			
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Atr.	#6	00	
Dennis Kuper, Member 1777 2: Haldsonst	, # le	00		
•		=		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of of the translator must be submitted)	custody of the certi	f recor ficate u	rds in the under oath	1
Signature of an authorized person	-			
This document is executed in accordance with section 605.0203 (47(b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817			on	
Typed or printed name of signee	-			

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

#### Idakota Properties, LLC

is a **Limited Liability Company** formed or registered on 09/24/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151621089.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/25/2015 that have been posted, and by documents delivered to this office electronically through 09/28/2015 @ 15:35:53.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/28/2015 @ 15:35:53 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9318591.



Mayne W. Williams

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <a href="Confirming the issuance of a certificate">Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.</a> For more information, visit our Web site. <a href="http://www.sos.state.co.us/click">http://www.sos.state.co.us/click</a> Business Center and select "Frequently Asked Questions."