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COVER LETTER

	ration Section n of Corporation	s				
Be SUBJECT:	enchmark Idaho, L	LC				
SODJECT:		Name of	Limited Liability (Company		_
		eign Limited Liability Comp d to register the above refere				
Please return all	correspondence c	oncerning this matter to the	following:			
	Karla Rosa					
		N	ame of Person			_
		Fi	rm/Company			
	7600 S. Meridia	an Rd.				
	· · · · · · · · · · · · · · · · · · ·		Address		· · · · · · · · · · · · · · · · · · ·	
	Meridian, ID 83	3642				
		City/S	tate and Zip Code			
	krosa@lineman.e	du				
	 _	E-mail address: (to be used	for future annual	report notification	ation)	
For further infor	mation concerning	g this matter, please call:				
Karla I			208 at (888-4817	<u> </u>	2
	Name o	f Contact Person	Area Code	Daytim	e Telephone Numb	era
Divisio Registr P.O. Bo Tallaha	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314 eck for the following	ing amount		STREET AI Division of C Registration Clifton Build 2661 Executi Tallahassee,	Section ing ve Center Circle	W-6 P 2 46
	5.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy		\$160.00 Filing Fe	

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 FOREIGN LIMITED LAUBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	ign Limited Liability Company; must incl	ude "Limited Liability Comp	any," "L.L.C.," or	"LLC.")	
f name unavailable, enter all ability Company," "L.L.C,"	ternate name adopted for the purpose of in	ansacting business in Florida	. The alternate nar	ne must include "Li	_ mited
· · ·		N/A			
	of which foreign limited liability	(FEI nur	nber, if applicable)	
company is organized)					
	(Date first transacted business in I	lorida, if prior to registration	n.)	_	
7600 S. Meridian Rd.,	(See sections 605.0904 & 605.0905, Meridian ID 83642	F.S. to determine penalty ha	ibility)		
7000 5. 1110110111111111.,	, 101Milli, 10 05072			-	
	(Street Address of Princip	nal Office)		_	
7600 S. Meridian Rd., I	•	in Office)			
	**************************************			-	
	(Mailing Addre	S9)		-	
h(d d d _ d)	· -				
rvame and street addres	of Florida registered agent: (P.O. Bo	A INVI acceptable)			
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation	. Florida	33324	7AZ	
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)		THE PERSON NAMED IN
egistered agent's accept	ance: sistered agent and to accept service o	f process for the above st	ntad limited link	Iller company of t	b <i>e</i> nläče
signated in this applical	ion, I hereby accept the appointment	as registered agent and a	igree to act in th	is capacity. Ifur	ther agr
complywith the provision	ns of all statutes relative to the prope	r and complete performa	ince of my duties	s, and I am famili	iar with
cept the obligations of t	ny position as registered agent.		0		c #
	Wlany to Spolinger	, Asst Sec. to	r crear	50 Lay 10 kg	Sysi
	(Regis t fred s	gent's signature)		\$ 5	
The name, title or capa	city and address of the person(s) who	has/have authority to man	age is/are:		
iron Howell, Manager, 7	600 S. Meridian Rd., Meridian, ID 83	1642			
sh Luck, Manager, 7600	S. Meridian Rd., Meridian, 1D 83642	<u></u>			
arla Rosa, Manager, 760	0 S. Meridian Rd., Meridian, 1D 8364	2			
	of existence, no more than 90 days old				
isdiction under the law o the translator must be su	of which it is organized. (If the certific	ate is in a foreign languag	ge, a translation o	of the certificate u	nder oath
the translator must be su	sanded)	1			
	Harla H. Signature of an	1cesa			
	Signature of an	authorized person			
	in accordance with section 605.0203 (the Department of State constitutes a				n
	Karla Rosa	• •			

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Benchmark Idaho, LLC	cign Limited Liability Company; must include "Limited Liability C	Company," "L.L.C.," or "LLC.")
(Name of Fore	right Ellinied Ellionity Company, must include Ellionity C	eompany, Bibles, of Biber y
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Flor "LLC.")	lorida. The alternate name must include "Limited
2. Idaho	3. N/A	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FE	el number, if applicable)
4		
	(Date first transacted business in Florida, if prior to registress (See sections 605.0904 & 605.0905, F.S. to determine penal	tration.) Ity liability)
5. 7600 S. Meridian Rd.,		
<u> </u>	(Street Address of Principal Office)	
6. 7600 S. Meridian Rd., I	Meridian, ID 83642	
	(Mailing Address)	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	CT Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation , Flo	orida <u>33324</u>
Registered agent's accep	(City)	(Zip code)
designated in this applicate to complywith the provision	gistered agent and to accept service of process for the abov tion, I hereby accept the appointment as registered agent a ons of all statutes relative to the proper and complete perfo my position as registered agent.	and agree to act in this capacity. I further agre
	(Registered agent's signature)	The state of the s
8. The name, title or capa	acity and address of the person(s) who has/have authority to	
Aaron Howell, Manager,	7600 S. Meridian Rd., Meridian, ID 83642	
Josh Luck, Manager, 7600	0 S. Meridian Rd., Meridian, ID 83642	D. 29
Karla Rosa, Manager, 760	00 S. Meridian Rd., Meridian, ID 83642	(D) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F
	of existence, no more than 90 days old, duly authenticated be of which it is organized. (If the certificate is in a foreign languabmitted) Signature of an authorized person	
	Signature of an authorized person	
	in accordance with section 605.0203 (1) (b), Florida Statute the Department of State constitutes a third degree felony as	

Typed or printed name of signee

Karla Rosa

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

BENCHMARK IDAHO LLC

File Number W-126745

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 6/27/2013.

I FURTHER CERTIFY That the limited liability company's certificate of organization has not been dissolved.

Dated: 5/27/2016 12:55 PM



SECRETARY OF STATE

Paverent On

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