## 170000

| (Rec                      | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Add                      | dress)            |           |
| (Add                      | iress)            |           |
| (City                     | //State/Zip/Phone | e #)      |
| PICK-UP                   | ☐ WAIT            | MAIL      |
| (Bus                      | siness Entity Nam | ne)       |
| (Doc                      | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | Filing Officer:   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |

Office Use Only



100305180611

11/02/17--01024--017 \*\*125.00

AMARIEN SE MENN OF MENTERS

O SHAMONS NOV 0 3 2017

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

| SUBJECT:  | Mother   | ship Management, LLC                      |  |
|---|--|---|--|
|   | Name of  | Limited Liability Company                 |  |
|   |  |   | ansact Business in Florida," Certificat<br>y company to transact business in Flo |
| Please return all correspondence  | e concerning this matter to the                            | following:                                |  |
|   | M  | adison Powell                             |  |
|   | N  | fame of Person                            |  |
|   | L  | _egally Mine                              |  |
|   | F  | irm/Company                               | , ]  |
|   | 2  | 25 W 520 N                                |  |
|   |  | Address                                   | •  |
|   | Or   | em, UT 84057                              |  |
|   | City/S   | State and Zip Code                        |  |
|   | madison  | @legallymineusa.com                       |  |
|   |  | d for future annual report no             | tification)  |
| For further information concern   | ning this matter, please call:                             |   |  |
| M   | adison Powell  | at ( <u>800</u> ) 37                      | 75-2453 ext. 139   |
| Nam   | e of Contact Person  | Area Code Day                             | ytime Telephone Number   |
| MAILING ADDRES  Division of Corporation Registration Section P.O. Box 6327  Tallahassee, FL 32314 | ons  | Division<br>Registrat<br>Clifton E        | F ADDRESS:  of Corporations  ion Section  Building ecutive Center Circle         |
|   |  |   | see, FL 32301  |
| Enclosed is a check for the foll  | owing amount:  \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee &<br>Certified Copy | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                    |
|   |  |   | -  |

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

|  | Management, LLC  |  |  |   |
|--|--|--|--|---|
| (Name of Foreign I   | limited Liability Company; must include "Li  | mited Liability Co   | ompany," "L.L.C.," or "LLC.")  |   |
| ame unavailable, enter alternate na  | me adopted for the purpose of transacting business i   | n Florida. The altern  | ate name must include "Limited Liabi   | hity Company," "L.L.C," or "LLC,")  |
|  |  |  |  | i   |
| Alaska (Jurisdiction under the law of whi  | ich foreign limited liability company is organized)  | _ 3  | 82-283387<br>(FEI numbe  | r, if applicable)   |
|  |  |  |  |   |
|  | (Date first transacted business in Florida, if pri<br>(See sections 605.0904 & 605.0905, F.S. to de  | or to registration.)<br>termine penalty liab   | lity)  |   |
| 1231 W. Northern   | n Lights Blvd. #911  | 6.   | 5721 Shady Oaks  | Lane  |
| (Street Address of Pr  | ·  |  | (Mailing Addre   | 55)   |
| Anchorage, AK 9  | 9503   | _  | Naples, FL 34119   | <u></u>   |
| · · · · · · · · · · · · · · · · · · ·  |  |  |  |   |
| Name and street address  | of Florida registered agent: (P.O. I   | Box <u>NOT</u> acc   | eptable)   | 14 -  |
| Name:  | Heather Smith-Fernandez  |  |  | 7-101-  |
|  |  |  |  |   |
| Office Address:  | 5721 Shady Oaks Lane   |  |  | . 7   |
|  | Naples   |  | , Florida 34119  | 1 2   |
|  | (City)   |  | (Zip code)   |   |
| gistered agent's accept  | ance:  |  |  |   |
| signated in this applicati   | ristered agent and to accept service<br>ion, I hereby accept the appointme<br>ons of all statutes relative to the pro  | nt as registere  | d agent and agree to act i   | n this capacity. I further  |
| signated in this applicate comply with the provision   | ristered agent and to accept service<br>ion, I hereby accept the appointme   | nt as registere  | d agent and agree to act i   | n this capacity. I further  |
| signated in this applicate comply with the provision   | gistered agent and to accept service<br>ion, I hereby accept the appointme<br>ons of all statutes relative to the pro  | nt as registere<br>per and comp  | d agent and agree to act i   | n this capacity. I further  |
| signated in this applicat<br>comply with the provision<br>d accept the obligations   | ristered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the proof my position as registered agent.  (Registered agent)   | nt as registere<br>per and comp<br>ent's signature)  | d agent and agree to act i<br>lete performance of my d   | n this capacity. I further  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capac  | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro of my position as registered agent.  (Registered agent city and address of the person(s) who   | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision ad accept the obligations  The name, title or capac Title or Capacity:  | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro of my position as registered agent.  (Registered agent city and address of the person(s) whe Name and Address:   | ent's signature)   | d agent and agree to act i<br>lete performance of my d   | n this capacity. I further  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capac  | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro of my position as registered agent.  (Registered agent city and address of the person(s) whe Name and Address: Heather Smith-Fernandez   | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision d accept the obligations  The name, title or capac Title or Capacity:   | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the proof my position as registered agent.  (Registered agent ity and address of the person(s) who Name and Address:  Heather Smith-Fernandez 5721 Shady Oaks Lane   | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision d accept the obligations  The name, title or capac Title or Capacity:   | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro of my position as registered agent.  (Registered agent city and address of the person(s) whe Name and Address: Heather Smith-Fernandez   | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capacatitle or Capacity:  Member   | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro of my position as registered agent.  (Registered agent ity and address of the person(s) who Name and Address:  Heather Smith-Fernandez  5721 Shady Oaks Lane Naples, FL 34119  | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision d accept the obligations  The name, title or capac Title or Capacity:   | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro- of my position as registered agent.  (Registered agent.)   | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capacatitle or Capacity:  Member   | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro- of my position as registered agent.  (Registered agent.)  | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capacatitle or Capacity:  Member   | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the pro- of my position as registered agent.  (Registered agent.)   | ent's signature)   | d agent and agree to act in lete performance of my defended by the letter of the lette | n this capacity. I fürther<br>uties, and I am familiar                    |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capacititle or Capacity:  Member  Member  Jse attachments if necess Attached is a certificate of   | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the proof my position as registered agent.  (Registered agent of the person(s) who Name and Address:  Heather Smith-Fernandez  5721 Shady Oaks Lane Naples, FL 34119  Francis Smith  9432 Raymond Road  Clarkston, MI 78348  ary)  of existence, no more than 90 days of which it is organized. (If the certification, in the certification of the certification in the certi | nt as registere per and comp  cut's signature)  to has/have aut  Title   | d agent and agree to act it lete performance of my defended by the official have   | n this capacity. I further uties, and I am familiar  Name and Address:    |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capacity:  Member  Member  Jes attachments if necess Attached is a certificate or is a certificate or is diction under the law of the second | cistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the proof my position as registered agent.  (Registered agent of the person(s) who Name and Address:  Heather Smith-Fernandez  5721 Shady Oaks Lane Naples, FL 34119  Francis Smith  9432 Raymond Road  Clarkston, MI 78348  ary)  of existence, no more than 90 days of which it is organized. (If the certification, in the certification of the certification in the certi | nt as registere per and comp  cut's signature)  to has/have aut  Title   | d agent and agree to act it lete performance of my defended by the official have   | n this capacity. I further uties, and I am familiar  Name and Address:    |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capacity:  Member  Member  Jes attachments if necess Attached is a certificate or is a certificate or is diction under the law of the second | city and address of the person(s) who Name and Address:  Heather Smith-Fernandez  5721 Shady Oaks Lane Naples, FL 34119  Francis Smith  9432 Raymond Road Clarkston, MI 78348  ary)  of existence, no more than 90 days of which it is organized. (If the certification, MI 78348)   | th as registere per and composition of the composit | d agent and agree to act in lete performance of my defended by the official have reign language, a translation   | n this capacity. I further uties, and I am familiar  Name and Address:    |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capacity:  Member  Member  Jes attachments if necess Attached is a certificate or is diction under the law of the translator must be sufficient or the sufficient of the translator must be sufficient or the sufficient of the translator must be sufficient or the sufficient  | city and address of the person(s) who Name and Address:  Heather Smith-Fernandez  5721 Shady Oaks Lane Naples, FL 34119  Francis Smith  9432 Raymond Road Clarkston, MI 78348  ary)  of existence, no more than 90 days of which it is organized. (If the certification, MI 78348)   | and as registered per and composition of an authorization and composition of an authorization of author | d agent and agree to act in lete performance of my definition of the lete performance of the lete  | Name and Address:  ring custody of records in on of the certificate under |

Typed or printed name of signee

Alaska Entity #10068243 State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing Certificate of Compliance The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records' for said state, hereby issues a Certificate of Compliance for: Mothership Management, LLC This entity was formed on September 19, 2017 and is in good standing. entity has filed all biennial reports and fees due at this time. No information is available in this office on the financial condition, business activity or practices of this corporation. IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective September 19, 2017. Of Halix Chris Hladick Commissioner