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#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	DARK CANYON LLC CT:
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of te, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	eturn all correspondence concerning this matter to the following:
	F. CHRIS FARRAR  Name of Person
	Name of Person
	DARK CANYON LLC DBA BLACK HILLS PROPERTY PRESERVATION
	Firm/Company
	4330 JACKSON BLVD
	Address
	RAPID CITY, SD 57702
	City/State and Zip Code
	BHPPHELP@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:  F CHRIS FAIRAR  (c) - 5-93 - 1622
	JANET WASSERBURGER  at ()  Name of Contact Person  Area Code  Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	d is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

## 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:

(name of roreign i	Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate na	ime adopted for the purpose of transacting business in Fic	orida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")
SOUTH DAKOTA	•	3. 82-2256831	
	ich foreign limited liability company is organized)		er, if applicable)
1. 5/1/2018		·	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liability)	<u>,</u>
4330 JACKSON BLVI	D	6.	60 6 a
(Street Address of P	-	(Mailing Addr	en de la companya de
RAPID CITY, SD 577	02		
			3 10
			沙尔 宝
7. Name and street addres	s of Florida registered agent: (P.O. Box	x NOT acceptable)	200 P
Name:	THOMAS WILLIAMS		<b>3</b> 4 3
Office Address:	130 STRIKE EAGLE DR		
	CRESTVIEW	. Florida 32536	
	(City)	(Zip cod	e)
to comply with the provisi	tion, I hereby accept the appointment ( ions of all statutes relative to the prope		in this capacity. I further ag
to comply with the provisi	tion, I hereby accept the appointment (	as registered agent and agree to act	in this capacity. I further ag
to comply with the provisi	tion, I hereby accept the appointment ( ions of all statutes relative to the prope	as registered agent and agree to act or and complete performance of my	in this capacity. I further ag
to comply with the provisi and accept the obligation	tion, I hereby accept the appointment is ions of all statutes relative to the property of my position as registered agent.	as registered agent and agree to act or and complete performance of my as signature)	in this capacity. I further ag
to comply with the provisi and accept the obligation.  8. The name, title or capa	tion, I hereby accept the appointment a cons of all statutes relative to the propers of my position as registered agent.  (Registered agent)  acity and address of the person(s) who have	as registered agent and agree to act or and complete performance of my set in a signature)  mas/have authority to manage is/are:  Title or Capacity:	in this capacity. I further ag duties, and I am familiar with
8. The name, title or capa	ion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent.  (Registered agent)  acity and address of the person(s) who hame and Address:  FREDERICK C FARRAR  4330 JACKSON BLVD	as registered agent and agree to act or and complete performance of my set ignature)  signature)  mas/have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with
8. The name, title or capa	ion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent.  (Registered agent's acity and address of the person(s) who hame and Address:  FREDERICK C FARRAR	as registered agent and agree to act or and complete performance of my set in a signature)  mas/have authority to manage is/are:  Title or Capacity:	in this capacity. I further ag duties, and I am familiar with
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8. The name, title or caparatile or Capacity:  MEMBER  (Use attachments if neces)	acity and address of the person(s) who hame and Address:  FREDERICK C FARRAR  4330 JACKSON BLVD  RAPID CITY. SD 57702  ssary)  c of existence, no more than 90 days old of which it is organized. (If the certifications of the person)	as registered agent and agree to act ir and complete performance of my set ignature)  mas/have authority to manage is/are:  Title or Capacity:	in this capacity. I further ag duties, and I am familiar with  Name and Address;  aving custody of records in the
8. The name, title or caparatite or Capacity: MEMBER  (Use attachments if necessing jurisdiction under the law of the translator must be seed to complete the com	acity and address of the person(s) who hame and Address:  FREDERICK C FARRAR  4330 JACKSON BLVD  RAPID CITY. SD 57702  ssary)  c of existence, no more than 90 days old of which it is organized. (If the certifications of the person)	as registered agent and agree to act ir and complete performance of my is signature)  mas/have authority to manage is/are:  Title or Capacity:  The signature of the control of the contro	in this capacity. I further ag duties, and I am familiar with Mame and Address:  Name and Address:  aving custody of records in the tion of the certificate under oa tree that any false information
8. The name, title or capa Title or Capacity: MEMBER  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	acity and address of the person(s) who hame and Address:  FREDERICK C FARRAR  4330 JACKSON BLVD  RAPID CITY. SD 57702  seary)  sof existence, no more than 90 days old of which it is organized. (If the certification in accordance with section 605.026 to the Department of State constitutes a terms of the person (s) who have a search agent.  The property of the person (s) who have and Address:  FREDERICK C FARRAR  4330 JACKSON BLVD  RAPID CITY. SD 57702	as registered agent and agree to act ir and complete performance of my is signature)  mas/have authority to manage is/are:  Title or Capacity:  The signature of the control of the contro	in this capacity. I further ag duties, and I am familiar with Mame and Address:  Name and Address:  aving custody of records in the tion of the certificate under oa tree that any false information

Typed or printed name of signee

FREDERICK C FARRAR

# State of South Pakota

Office of the Secretary of State

### **Certificate of Good Standing**

**Domestic Limited Liability Company** 

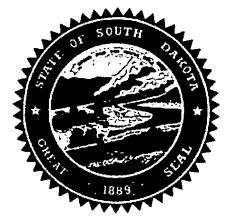
I, Shantel Krebs, Secretary of State of the State of South Dakota, hereby certify that

### DARK CANYON LLC

Business ID: DL135313

was authorized to transact business in this state on: July 24, 2017.

I, further certify that **DARK CANYON LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, April 11, 2018.

Shartel Krebs

Shantel Krebs Secretary of State

04/11/2018 9:25 AM

Verification #: 010564118