

M18000008753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

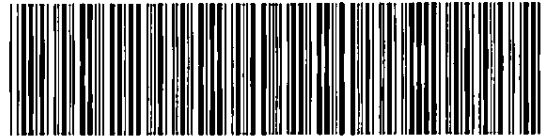
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100314867061

FILED  
18 SEP 21 AM 10:20  
STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
18 SEP 21 PM 3:20

K. SALY  
SEP 24 2018

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserve.com  
e-mail: info@incserve.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserve.com  
850.656.7953

**REQUEST DATE** 9/21/2018

**PRIORITY** Routine

**OUR REF # (Order ID#)** 685653

**ORDER ENTITY**

PROPLAN, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

PROPLAN, LLC (FL)

File the attached foreign qualification document

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: cmason@gravelshea.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "Mj" or similar, written over a vertical line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. PROPLAN, LLC  
(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 must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. VERMONT 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/2/2013 (M13000006372)  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 354 Mountain View Drive 6. 354 Mountain View Drive  
(Street Address of Principal Office) (Mailing Address)  
Colchester, VT 05446 Colchester, VT 05446

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCORPORATING SERVICES, LTD  
Office Address: 1540 GLENWAY DRIVE  
TALLAHASSEE, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

Melissa Stiles  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u>  | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|---|---------------------------|--------------------------|
| <u>MGR</u>                | <u>Randall Raner</u><br><u>354 Mtn View Dr</u><br><u>Colchester, VT</u> |                           |                          |
|                           |   |                           |                          |
|                           |   |                           |                          |

(Use attachments if necessary)

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 certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 third degree felony as provided for in s.817.155, F.S.

William A. Mason  
Signature of an authorized person  
William A. Mason  
Typed or printed name of signer

FILED  
18 SEP 21 AM 10:25  
STATE  
TALLAHASSEE, FLORIDA

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

PROPLAN, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Aug 02, 2013.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

September 21, 2018

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.



*James C. Condos*

James C. Condos  
Vermont Secretary of State

Business ID: 0281516  
Certificate Number: 2013502866001

FILED  
18 SEP 21 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA