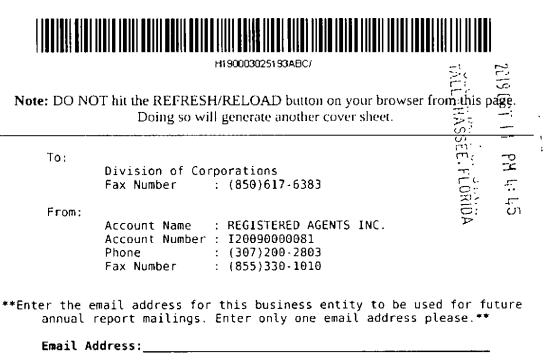


(shown below) on the top and bottom of all pages of the document.

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### Foreign Limited Liability Company PROP3 LLC

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

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PROP3 LLC (Name of Foreign Limited Erability Company, must include "Limited	d Liability Company ""L.L.C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo		
Wyoming	, 84-3328879	
(Jurisdiction under the law of which foreign limited hability company is organized)	(I El number, il applica	C.E.
1		GCT 1
(Date tirs) transacted business in Florida, it prior to (See sections 605 0904 & 605 0905, F.S. to determ	ind penalty liability)	1- ' '
201 E 5th St	<sub>6</sub> 201 E 5th St	PH
(Street Address of Principal Office)	(Mading Address)	. r
STE 1200	STE 1200	20: L
Sheridan WY 82801	Sheridan WY 82	801

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

Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

#### Registered agent's acceptance:

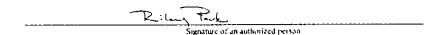
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Steven Ammann Manager Manager Manager Name: 201 E 5th St STE 1200 **Member** Member Address: Sheridan WY 82801 Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_\_\_ Manager Manager | Address: C Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Other Name: \_\_\_\_\_ Name: Manager Manager Manager Address: Address: Member Member Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.



# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### PROP3 LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 10**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000880013**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of October, 2019 at 6:29 AM. This certificate is assigned 0336,10414.

1: 45 1 0810A

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov.and.following the instructions displayed under Validate Certificate.