## MACCORIO

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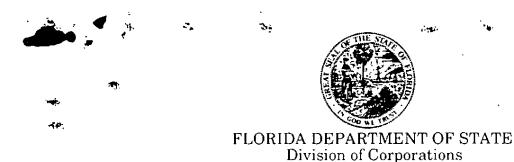
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ALIGHE TO SEE TO



September 6, 2019

ROGER SULLIVAN 701 MARKET ST. SUITE:111 #1004 SAINT AUGUSTINE, FL 32095

SUBJECT: KOKOPELLI HOLDINGS LLC

Ref. Number: W19000081217

We have received your document for KOKOPELLI HOLDINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 519A00018315

Yvette Scott Document Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section
Division of Corporations

| SUBJECT:                   | Kokopelli Holdings Ll  | C  |                 |                      |         |                 |          |                 |
|----------------------------|--|--|-----------------|----------------------|---------|-----------------|----------|-----------------|
| John Cer.                  |  | Name of Lin  | nited Liability | Company              |         |                 |          |                 |
|                            |  | n Limited Liability Compan<br>o register the above reference |                 |                      |         |                 |          |                 |
| Please return a            | Il correspondence con  | cerning this matter to the fol                               | lowing:         |                      |         |                 |          |                 |
|                            | Roger Sullivan   |  |                 |                      |         |                 |          |                 |
|                            |  | Name   | of Person       | <del></del> -        |         |                 |          |                 |
| ·                          | Kokopelli Holding  | s LLC  |                 |                      |         | SEC<br>TALL     | 2019     |                 |
|                            | 701 Market St Sui  |  | Company         | -                    |         | RE IARY         | DCT -7   |                 |
|                            |  | A  | ddress          |                      | _       |                 | <u> </u> |                 |
|                            | Saint Augustine, F   | L 32095  |                 |                      |         | STATE<br>LORIDA | ∲Н 4: 36 | ن               |
|                            |  | City/State   | and Zip Code    | 2                    |         |                 |          |                 |
|                            | info@SecondActAg   | ency.com   |                 |                      |         |                 |          |                 |
|                            | Е  | -mail address: (to be used fo                                | r future annua  | l report notifica    | tion)   | -               |          |                 |
| For further info           | ormation concerning th   | is matter, please call:                                      |                 |                      |         |                 |          |                 |
| Amy                        | Sullivan   | a  | 669<br>t (      | 2573880              |         |                 |          |                 |
|                            | Name of C  | ontact Person  | Area Code       | Daytime              | Telepho | ne Num          | iber     |                 |
| Divisi<br>Regist<br>P.O. E | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |  |                 |                      |         |                 |          |                 |
|                            | sed is a check for the f<br>make check payable t   | ollowing amount: o: FLORIDA DEPARTME                         | ENT OF STA      | TE                   |         |                 |          |                 |
| <b>□</b> \$1               | 25.00 Filing Fee   | \$130.00 Filing Fee & Certificate of Status                  |                 | Filing Fee & ed Copy |         |                 |          | ee, Certificate |

## 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-

|                                   | n Limited Liability Company; must include "Limit   |   | an, 2.2.d.       | SEC                | 2019 (      |                     |
|-----------------------------------|--|---|------------------|--------------------|-------------|---------------------|
| name unavailable, enter alternate | name adopted for the purpose of transacting business in Fl   | lorida. The alternate n                     | ame must include |                    | onipety," " | L <b>LC,"</b> or "l |
| Washington Cana                   |  | 20.44                                       | E 2 7 0 7 7      | AS                 | ١,          | 1                   |
| Washington State                  |  | 20-43<br>3.                                 | 537977           | <b>经</b>           |             |                     |
| (Jurisdiction under the law of v  | which toreign limited liability company is organized)  | J   |                  | (FEI number, if a  | ipplicable) | ,                   |
|                                   | •  |   |                  | F 5                | <u></u>     | المرسا              |
| 8/2/2019                          |  |   |                  | SE                 | ,,<br>, (3  |                     |
|                                   |  |   |                  | - Or               | 36          |                     |
|                                   | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determ | o registration.)<br>nine penalty liability) |                  |                    |             |                     |
| 701 Market Street Sui             | 10 111 #1004   | 701 8                                       | forkat Straat    | Suite 111 #10      | nna.        |                     |
|                                   |  | 6.  |                  |                    | JU4         |                     |
| (Street Address of                | Principal Office)  | (Mailing Address)                           |                  |                    |             |                     |
| Cultur Assessations El 3          | 2006   | 6 : .                                       |                  |                    |             |                     |
| Saint Augustine, FL 3.            | 2093   | Saint                                       | Augustine, F     | L 32095            |             |                     |
|                                   | <del></del>  | <del></del>                                 |                  |                    |             |                     |
|                                   |  |   |                  |                    |             |                     |
|                                   |  |   |                  | ··-                |             |                     |
|                                   |  |   |                  |                    |             |                     |
| Name and street addre             | ss of Florida registered agent: (P.O. Box  | x NOT accepta                               | ible)            |                    |             |                     |
|                                   |  |   | •                |                    |             |                     |
|                                   |  |   |                  |                    |             |                     |
|                                   |  |   |                  |                    |             |                     |
| .,                                | Roger Sullivan   |   |                  |                    |             |                     |
| Name:                             | Roger Sullivan   |   |                  |                    |             |                     |
| Name:                             |  |   |                  |                    |             |                     |
| Name: Office Address:             | Roger Sullivan  701 Market Street Suite 111 #1004  |   |                  |                    |             |                     |
|                                   |  |   |                  |                    |             |                     |
|                                   |  |   |                  | 095                |             |                     |
|                                   | 701 Market Street Suite 111 #1004  |   | 32<br>, Florida  | .095<br>(Zip code) | _           |                     |

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.

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]:

| Title or Capacity: | Name and Address:                      | Title or Capacity: | Name and Address:                   |
|--------------------|--|--------------------|-------------------------------------|
| ■Manager           | Name: Roger Sullivan                   | Manager            | Name: Amy Sullivan                  |
| Member             | Address: 701 Market St Suite 111 #1004 | Member             | Address 701 Market St Suite 111 #10 |
| ■ Authorized       | Saint Augustine, FL 32095              | Authorized         | Saint Augustine FT 32095            |
| Person             |  | Person             | SET P                               |
| Other              | Other                                  | Other              | FS -                                |
| Manager            | Name:                                  | Manager            | Name:                               |
| Member             | Address:                               | ☐ Member           | Address:                            |
| Authorized         |  | Authorized         |                                     |
| Person             |  | Person             |                                     |
| Other              | Other                                  | Other              | Other                               |
| Manageт            | Name:                                  | ☐ Manager          | Name:                               |
| Member             | Address:                               | ☐ Member           | Address:                            |
| Authorized         |  | Authorized         |                                     |
| Person             |  | Person             |                                     |
| Other              | Other                                  | Other              | Other                               |

- 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.

| 15/            | 8-8-7019                          |  |
|----------------|-----------------------------------|--|
| 0              | Signature of an authorized person |  |
| Roger Sullivan |                                   |  |
| - · · ·        | Typed or printed name of signee   |  |

Z#### -



Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, here by issue this

CERTIFICATE OF EXISTENCE

OF

## KOKOPELLI HOLDINGS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/20/2006.

I FURTHER CERTIFY that the entity's duration is 12/31/2044, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

09/30/2019

UBI Number: 602 595 248



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Ken Ulyna-

Date Issued: 09/30/2019