# M2000000518

| (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: |  |  |  |
| W19000109720<br>04359<br>00447          |  |  |  |

Office Use Only



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2020 JAN 13 PM 1:57

504/20

#### **COVER LETTER**

TO:

| TO:  | Registration Section Division of Corporations                  |  |                  |   |        |          |
|--|--|--|------------------|---|--------|----------|
| SUBJI  | The Cavalry Group LLC  |  |                  |   |        |          |
|  |  | Name of Lim                                | ited Liability ( | Company   | _      |          |
|  |  |  |                  | tion to Transact Business in Florida,<br>ted liability company to transact busi   |        |          |
| Please   | return all correspondence conce                                | rning this matter to the foll              | owing:           |   |        |          |
|  | Mark Patterson   |  |                  |   |        |          |
|  | Name of Person   |  |                  |   | -      |          |
|  | The Cavalry Group I  | LLC  |                  |   |        |          |
| Firm/Company   |  |  | _                |   |        |          |
|  | PO Box 8   |  |                  |   |        |          |
|  | Address  |  | 202              |   |        |          |
|  | Guthrie, OK 73044  |  | 2020 JAH 13 F    | . 7   |        |          |
|  | City/State and Zip Code  |  |                  |   | - 13   | 31<br>.a |
|  | mark@thecavalrygrou  | ip.com                                     |                  |   | PH     | ·<br>-   |
|  | E-n  | nail address: (to be used fo               | r future annual  | report notification)  | PH 1:5 | لخمه     |
| For fu   | rther information concerning this                              | s matter, please call:                     |                  |   | 1      |          |
| Mark Patterson   |  | а  | 855<br>r (       | 748-4210  |        |          |
|  | Name of Co   |  | Area Code        | Daytime Telephone Number  | _      |          |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |  |  |                  | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |        |          |
|  | Enclosed is a check for the fo<br>Please make check payable to |  | ENT OF STA       | TE  |        |          |
| •  |  | S130.00 Filing Fee & Certificate of Status | \$155.00         | Filing Fee & S160.00 Filing ed Copy of Status & Co  | •      |          |

# 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:

| (If name unavailable, enter alternate       | anne adopted for the purpose of transacting business in Flo  | orida The alternate name must include "Limited Liability | y Company," "L.L.C," or "LLC. |
|---|--|--|-------------------------------|
| State of Missouri<br>2.                     |  | 45 <b>·2</b> 5 <b>7</b> 9590<br>3.                       |                               |
| (Jurisdiction under the law of              | which foreign limited liability company is organized)  | (FEI number,   | if applicable)                |
| 4. ·  | •  |  |                               |
|   | (Date tirst transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determ | registration )<br>ine penalty hability)                  |                               |
| C/O The Penalta Law                         | Firm/Lyw offices of Percultor<br>Principal Office) + Ascociato, P.A.   | PO Box 8   |                               |
| (Street Address o                           | (Principal Office)   | (Mailing Address   | )                             |
| 3301 S. Ridgewood A                         | ve.  |  |                               |
| Edgewater, FL 3214                          |  | Guthrie, OK 73044  |                               |
| l. Nome and atment add-                     |  |  | 2020 JA!!                     |
| . Name and street addre                     | ess of Florida registered agent: (P.O. Box   | NOT acceptable)  |                               |
| Name:                                       | Alexander Penalta > 1559.  |  | 13 PH                         |
| Cffices of Parallet है P<br>Office Address: | The Penalta Law Firm. 3301 S. Ridge  | wood Ave.  | 1:57                          |
|   | Edgewater  | 32141  |                               |
|   | (City)   | . Florida(Zin 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.

(Registered agent's signature)

## APPLICATION BY FOREIGN LIMITED LÍABILITY 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:

| 45-2579590 3                 | (FEI number, if ap | opticable) |                    |
|------------------------------|--------------------|------------|--------------------|
| ration.)<br>nalty liability) |                    | opticable) |                    |
| PO Box 8                     | (Mailing Address)  | -          |                    |
| PO Box 8  6.                 | (Mailing Address)  |            |                    |
| 6. PO Box 8                  | (Mailing Address)  |            |                    |
|                              | (Mailing Address)  |            |                    |
|                              |                    |            |                    |
| <del> </del>                 | ·                  |            |                    |
| Guthrie, OK 730              | )44                |            |                    |
|                              |                    |            | 2020               |
| <u>DI</u> acceptable)        |                    |            | 2020 JAH 13        |
|                              |                    |            | $\frac{1}{\omega}$ |
|                              |                    |            | PH                 |
| xd Ave.                      |                    | •          | -:<br>-:           |
|                              | 32141              | ·          |                    |
|                              | DT acceptable)     | xl Ave.    | od Ave.            |

#### 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.

(Registered agent's signature)

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]:

| Manager Name:   Mark Patterson   Manager Name:   Melinda Patterson   Manager Name:   Melinda Patterson   Manager Name:   Melinda Patterson   Member   Address:   PO Box 8   Member   Address:   Member    | Title or Capacity: | Name and Address:                      | Title or Capacity: |             | Name and      | Address:    | <u>:</u> |
|--|--------------------|--|--------------------|-------------|---------------|-------------|----------|
| Authorized   Guthrie, OK 73044   Authorized   Guthrie, OK 73044     Person   Person   Other   Other   Other     Other   Other   Other   Other     Manager   Name:   Alex Penalta   Esj.   Manager   Name:     Member   Address:   Penalta   Law   Frinches   Guthrie, OK 73044     Manager   Name:   Manager   Name:     Authorized   Authorized   Authorized     Person   Other   Other   Other     Manager   Name:   Other   Other     Manager   Name:   Other   Other     Manager   Name:   Other   Other     Manager   Name:   Other   Other     Manager   Address:   Manager   Other     Manager   Address:   Other   Other     Manager   Other   Other   Other   Other     Manager   Other   Other   Other   Other     Manager   Other   Other   Other   Other     Other   Other   Other   Other   Other   Other     Other   Other   Other   Other   Other   Other   Other     Other   Other   Other   Other   Other   Other   Other   Other     Other   | Manager            | Name: Mark Patterson                   | Manager            | Name: Melir | nda Patterson |             |          |
| Authorized   Guthrie, OK 73044   Authorized   Guthrie, OK 73044     Person   Person   Other   Other   Other     Other   Other   Other   Other     Manager   Name:   Alex Penalta   Esj.   Manager   Name:     Member   Address:   Penalta   Law   Frinches   Guthrie, OK 73044     Manager   Name:   Manager   Name:     Authorized   Authorized   Authorized     Person   Other   Other   Other     Manager   Name:   Other   Other     Manager   Name:   Other   Other     Manager   Name:   Other   Other     Manager   Name:   Other   Other     Manager   Address:   Manager   Other     Manager   Address:   Other   Other     Manager   Other   Other   Other   Other     Manager   Other   Other   Other   Other     Manager   Other   Other   Other   Other     Other   Other   Other   Other   Other   Other     Other   Other   Other   Other   Other   Other   Other     Other   Other   Other   Other   Other   Other   Other   Other     Other   | ☐Member            | Address: PO Box 8                      | Member             | Address: PO | Box 8         |             |          |
| Other  | Authorized         |  | Authorized         | Guthrie, OK | 73044         |             |          |
| Manager   Mame:   Alex Fenalta   Esq.   Manager   Name:   Manager   Mame:   Mamber   Address:   Mathorized   Address:   Manager   Mana | Person             |  | Person             |             |               | _           |          |
| Person   | Other              | Other                                  | Other              |             | Other         |             |          |
| Person   |                    | .u0€A                                  | by Associates, P.  | 4.          |               |             |          |
| Person   | Manager            | Name: Alex Penalta, Esq.               | Manager            | Name:       |               |             |          |
| Person   | Member             | Address: Penalta Law Firm Law Office W | Member             | Address:    |               | <del></del> |          |
| Person   | Authorized         | 3301 5. Ridgewood Ave.                 | Authorized         |             |               |             |          |
| Manager   Name:     Manager   Name:  |                    | Elgewater, FL 32141                    |                    |             | <del></del>   |             |          |
| Manager Name:  | Other              | Other                                  | Other              | <del></del> | Other         | <b>~</b> 1  |          |
| Member Address:   Member Address:   Authorized   Author |                    |  |                    |             |               | 020         | ,        |
| Member Address: Member Address: Authorized Authorized  | Manager            | Name:                                  | Manager            | Name:       |               | <u> </u>    | • :      |
| Authorized Authorized  | Member             | Address:                               | Member             | Address:    |               |             |          |
|  | Authorized         |  | Authorized         |             |               |             |          |
| Person Person ————————————————————————————————————   | Person             |  | Person             |             |               |             |          |
|  | Other              | Other                                  | Other              |             | Other         | <u> </u>    |          |

<u>Important Notice:</u> 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.

Signature of an authorized person

Typed or printed name of signer

STATE OF MISSOURY



### John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

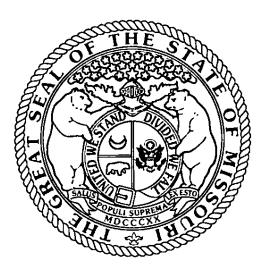
The Cavalry Group LLC LC1150843

was created under the laws of this State on the 22nd day of June. 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF. I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of January, 2020.

Becretary of Stale

Certification Number: CERT-01062020-0060



# State of Missouri



Robin Carnahan Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

The Cavalry Group LLC LC1150843

filed its Articles of Organization with this office on the June 22, 2011, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the June 22, 2011, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this June 22, 2011.

Rolin Camalan

Secretary of State



2020 JAN 13 PH 1:5



## State of Missouri Robin Carnahan, Secretary of State

File Number: 201117380290 LC1150843

Date Filed: 06/22/2011 Robin Carnahan Secretary of State

## Articles of Organization

| ١. | 1. The name of the limited hability company is.  |  |
|----|--|--|
|    | The Cavalry Group LLC  |  |
| 2. | 2. The purpose(s) for which the limited liability co                                       | ompany is organized:   |
|    | The transaction of any lawful business for w<br>Missouri Limited Liability Company Act, Cl | hich a limited liability company may be organized under the napter 347 RSMo.   |
| 3. | 3. The name and address of the limited liability co  | mpany's registered agent in Missouri is:                                       |
|    | Elia M. Ellis Name 777 Addre   | 7 Bonhomme, Suite 1910, Clayton MO 63105                                       |
| 4. | 4. The management of the limited liability compar  | ny is: X Manager Member  |
| 5. | 5. The duration (period of existence) for this limit                                       | ed liability company is:   |
|    | Perpetual  |  |
| 6. | 6. The name(s) and street address(es) of each orga   | nizer:   |
|    | Mark A. Patterson, 18746 Bonhomme Creek  | Road, Wildwood MO 63005  |
|    | -  | this filing are subject to the penalties provided under Section 575.040, RSMo) |
|    | Mark A. Patterson (Organizer Name)   |  |
|    |  | 2020 JAN 13  |
|    |  |  |
|    |  | P 3  |
|    |  | <u>μ</u> σί  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2019

MARK PATTERSON PO BOX 8 GUTHRIE, OK 73044

SUBJECT: THE CAVALRY GROUP LLC

Ref. Number: W19000109726

We have received your document for THE CAVALRY GROUP LLC and your

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Carability Car

longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 819A00025710 850-ZUS-605

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JAN 1 3 2020 .