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(R	equestor's Name)				
(A	ddress)				
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PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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TO:	Reg	istration Section				i.		-
		sion of Corporations						
		Certain Trail Manage	ment IIC					
SUBJEC	CT:	Certain Fran Wanage					<u> </u>	
			Name	of Limi	ted Liability C	ompany		
			ign Limited Liability C to register the above re					
Please re	eturn	all correspondence co	ncerning this matter to	the follo	owing:			
		Ravindra Mailap	иг					
				Name	of Person			
		<u> </u>	-	Firm/0	Company	-		•
		4517 Colewood	Circle SE					
				Ac	ldress			
		Huntsville, AL,	35802					
			Ci	ty/State	and Zip Code		-	-
		rvm2004@gmail.c	com					
			E-mail address: (to be	used for	future annual	report notifica	tion)	•
For furtl	her ir	formation concerning	this matter, please call	:				
	Dav	vid Patton at Legally N	M ine	21	800	375-2453		
		Name of	Contact Person	at	Area Code	Daytime	Telephone Number	-
		ILING ADDRESS:				STREET AD		
Division of Corporations Registration Section				Division of Corporations Registration Section				
P.O. Box 6327				Clifton Building				
	Tall	ahassee, FL 32314				2661 Executive Tallahassee, F	re Center Circle L 32301	
		losed is a check for th	e following amount: e to: FLORIDA DEPA	ARTMI	NT OF STAT	re.		
		\$125.00 Filing Fee	S130.00 Filing F	ee &	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

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

IN COMPILANCE 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:

Certain Trail Managem	ent, LLC							
(Name of Foreign	Limited Liability Company, must include "Limited Liab	ulity Company," "L.L.C.," or "L	J.C.")	·				
(It name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida. The	ne alternate name must include "Limi	ted Liability Company	," "L.L.C," or "LI.C ")				
Alaska 2.	nich föreign limited hability company is organized)	84-2021953 3. (FEI number, if applicable)						
fundation unter the taw of wi	nen torenga mannea mannity company w organizeu)							
4.								
	(Date first transacted business in Florida, if prior to registra (See sections 605 0904 & 605,0905, F.S. to determine pen	ition) alty liability)						
505 Old Steese Hwy 1		4517 Colewood Circle SE 6. (Mailing Address)						
5(Street Address of F	rnicipal Office)	(Mailu	ng Address)					
Fairbanks, AK 99701		Huntsville, AI. 35802						
				. 3				
7. Name and street addres	s of Florida registered agent: (P.O. Box NO	Tacceptable)						
Name:	Alexander L. Popowycz		iii o					
Office Address	1323 Highway A1A, Unit 402			- 3				
	Satellite Beach	3293, Florida_	37					
	(City)		(ip 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.

MEAD

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: Name: Ravindra Mailapur Name: ____ Ana Guinea-Martin Manager ■ Manager Address: 4517 Colewood Circle SE Address: 4517 Colewood Circle SE ■ Member ■ Member Huntsville, AL 35802 Huntsville, AL 35802 Authorized Authorized Person Person Other___ Other Other Other Manager Name: _____ ■ Manager Name: _____ Member Address: Member Address: _____ Authorized Authorized Person Person Other Other____ Other____ Other____ Name: _____ Manager Manager Manager Name: _____ Member Address: Member Address: _____ 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. Nonindexed 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 Ravindra Mailapur, Member Typed or printed name of signee