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Oregon SECRETARY OF STATE Corporation Division Public Service Building 255 Capitol St., NE Ste 151 Salem, Or 97310-1327 (503) 986-2200 Fax (503) 378-4381

## Order Receipt

Order Date	Order#
6/2/2020	506903

**BRYAN PALMER** PO BOX 6327 TALLAHASSEE FL 32314

QTY	DESCRIPTION	DOCUMENT TYPE	SUBJECT OR NAME	EACH	TOTAL
1	Certificate of Existence	-	HIDDEN GEM LLC	\$10	\$10
				N.	
				2020	
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TOTAL PAID: \$10.00

RECEIVED JUN 1 1 2020

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hidden Gem LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	ıf a.
Please return all correspondence concerning this matter to the following:	
Bryan Palmer Name of Person	
Hidden Gem LLC Firm/Company	
1931 SW 36th St	
Redmand OR 977570  City/State and Zip Code	
bryan@hickengemrgc wm  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brian Palmer at 541 390 - 4216  Name of Contact Person Area Code Daytime Telephone Number  Mailing Address:  Registration Section  Registration Section	
Name of Contact Person Area Code Daytime Telephone Number	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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

IN FLORIDA	
N COMPLIANCE WITH SECTION 605.0902 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LICOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")	MITED LIABILITY
HICHEN FEM RENDUCTIONS 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. State of Oragon (Iurisdiction under the law of which foreign limited liability company is organized) 3. 40-5710243 (FEI number, if applicable)	<u>,</u>
4. 5/5/2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 740 NE 3 d St Ste 3-325 6. 740 NE 3 d St St Street Address of Principal Office) 6. (Mailing Address)	<u>te 3</u> -325
Bend, OR, 97701 Bend, OR 97701	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Mary Palmer Office Address: 56 Marsh Citek Ri	T = 11:43
Amelia Sland, Florida 32034 (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.

May & falme

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:

Mame and Address:

Person St Redmond, DIR DAuthorized St, Redmond, OR Person 97756

□Other\_\_

Other\_\_\_\_

□Manager	Name:	□Manager	Name:

Other\_\_\_\_

□Other

 □ Member
 Address: \_\_\_\_\_\_\_

 □ Authorized
 □ Authorized

Person Person

□Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_ □Other\_\_\_

□Manager Name: □ □Manager Name: □

□Member Address: □ □Member Address: □

□Authorized □Authorized □

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.

Bujan R-1-almer
Signature of an authorized person

## 1.

# State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

## Certificate of Existence 318R190X8

I. BEV CLARNO, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

#### HIDDEN GEM LLC

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#### Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Ju Clarno

BEV CLARNO, SECRETARY OF STATE 6/2/2020