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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

: (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### **Foreign Limited Liability Company** Green Carbon International LLC

Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Croop Carbon International LLC

	imited Liability Company; must include "Limited Liability		
ame unavailable, enter alternate nan  Wyoming	me adopted for the purpose of transacting business in Florida. The alt	ernate name must include "Limited Liability Company," $85\text{-}3678441$	""LLC," or "LEC
(Jurisdiction under the law of what	ch foreign limited liability company is organized)	(FEI number, if applicable	)
	(Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605,0905, F.S. to determine penalty)	) ability)	
7901 4th S		7901 4th St N	
(Street Address of Pri		STE 300	
St Petersbu	irg FL 33702	St. Petersburg FL 33702	
Name and <u>street address</u> Name:	Registered Agents In		Section of
Office Address:	7901 4th St N STE 30	00	1 (၁
	St. Petersburg	33702	F': 10: 2
	Ot. 1 Ctc. obal g	, Florida	رب

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: Name and Address: Title or Capacity: Name: Mark Hollingshead Name: \_\_\_\_\_\_ Manager **M**anager Address: 7901 4th St N STE 300 Address: Member | Member St. Petersburg FL 33702 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_\_ Name: Manager | Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_\_ Member Address: Member Authorized Authorized Person Person Other\_\_\_\_Other\_\_\_ Other\_\_\_\_ Other\_\_\_ Name: ☐ Manager Name: Manager Address: Member Address: \_\_\_\_\_ Member Authorized Authorized Person Person 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. Surnature of an authorized person Riley Park

Typed or printed name of signee

# 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,

#### **Green Carbon International LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 2, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000955782**.

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 3rd day of November, 2020 at 11:17 AM. This certificate is assigned ID Number 040053120.

Secretary of State

2636 (10:3)

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 https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.