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(Red	questor's Name)	
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(City	//State/Zip/Phone #)	
PICK-UP	WAIT M	AIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status _	
Special Instructions to Filing Officer:		

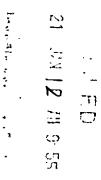
Office Use Only





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### COVER LETTER

17181	sion of Corporations  Wylde Greens LLC	
UBJECT:	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor
lease return	all correspondence concerning this matter t	to the following:
	Cameron Wylde	
		Name of Person
	Wylde Greens LLC	
		Firm/Company
	PO Box 547	
		Address
	Fort Collins, CO 80522	
	C cameronwylde15@gmail.com	Sity/State and Zip Code
	E-mail address: (to be	e used for future annual report notification)
or further in	formation concerning this matter, please ca	II:
Cui	neron Wylde	720 717-0082
	Name of Contact Person	at () Area Code Daytime Telephone Number
	ling Address:	Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee S130.00 Filing Fe	



November 13, 2020

CAMERON WYLDE 80 BRONCO DR SEDONA, AZ 86336

SUBJECT: WYLDE GREENS LLC Ref. Number: W20000130192

We have received your document for WYLDE GREENS 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: 820A00022746

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 005 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Wylde Greens LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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.") Larimer County, Colorado 83-2511289 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted husiness in Florida, if prior to registration.) (1) The sections 605 0904 & 605 0905, F.S. to determine penalty liability.) 103 W Mountain Ave PO Box 547 (Street Address of Principal Office) (Mailing Address) Suite 200 Fort Collins, CO 80522 Fort Collins, CO 80524 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Cameron Wylde Name: 15122 NW 41st Ave. Office Address: Newberry 32669 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. ( \_lwirlde (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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Victoria Wylde Cameron Wylde Name: \_\_ □Manager Name: □Manager 15122 NW 41st Ave 15122 NW 41st Ave Address: \_\_\_\_ Address: \_\_\_ **■**Member ■ Member Newberry, FL 32669 Newberry, FL 32669 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 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 Cameron Wylde

Typed or printed name of signee

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Wylde Greens LLC

#### is a

### Limited Liability Company

formed or registered on 11/08/2018—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181883186.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/08/2021 that have been posted, and by documents delivered to this office electronically through 01/12/2021 @ 07:39:33.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/12/2021 @ 07:39:33 in accordance with applicable law. This certificate is assigned Confirmation Number 12843290



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.vos.state.co.us/click/Businesses, trademarks/trade names/and select/Frequently Asked Questions/