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MENT I

COVER LETTER

TO:

Registration Section

	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.				
ase return all	correspondence concerning this matter to	o the following:				
	Skyler Knuchel					
		Name of Person				
	North of You LLC					
		Firm/Company				
	2434 Lasso Ave.					
		Address				
	Bozeman, MT 59718					
	C	ity/State and Zip Code				
	skyler@witharsenal.com					
	E-mail address: (to be	used for future annual report notification)				
further infor	mation concerning this matter, please cal	II:				
Skyler	Knuchel	406 437-8155 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
	on of Corporations Box 6327	Division of Corporations				
	passee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	ed is a check for the following amount:					

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:

North of You LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited	Liability Company," "L.L.C," or "LLC
Montana		3.	82-0656448	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	3. (FEI number, if a		nber, if applicable)
01/11/2021				
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty	.) liab(lity)	
2020 Charlotte Street,	Suite 7	6.	2434 Lasso Ave	
treet Address of Principal Office)			(Mailing Address)	
Bozeman, MT 59718	·	,	Bozeman, MT 59718	
. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> a	acceptable)	77 <u>F</u>
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North			,, d. <u>≥</u> œ•
	Loxahatchee		33470 , Florida	£ .
	(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,

Joanna Fernandez on behalf of InCorp Services, Inc.

(Registeror gent'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: Skyler Knuchel Name: Ryan Stout Name: □ Manager ■ Manager 2434 Lasso Ave. 2020 Charlotte Street, Ste. 7 **≅**Member Address: □ Member Address: Bozeman, MT 59718 Bozeman, MT 59718 □ Authorized ■ Authorized Person Person □Other □Other _______ □Other___ □Other___ □Manager □Manager Name: _____ □Member Address: Address: □Member □ Authorized □Authorized Person Person □Other □ Other □Other___ □Other_____ Name: ______ □ Manager □Manager Name: Address: □Member Address: _____ □ Member ☐ 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 urisdiction 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) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information abmitted 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 Ryan Stout

Typed or printed name of signee



CERTIFICATE OF EXISTENCE

I. COREY STAPLETON, Secretary of State for the State of Montana, do hereby certify that:

North of You LLC

duly filed its Domestic Limited Liability Company in this office on February 23, 2017, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 16th day of December, 2020.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 5842020