

M2100000226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

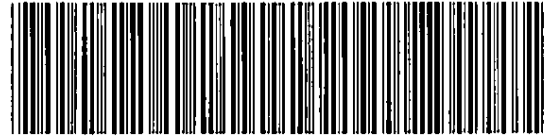
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900360440729

FILED

2021 FEB 23 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FL



2/24/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 676897 8064894

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : February 23, 2021

ORDER TIME : 11:48 AM

ORDER NO. : 676897-005

CUSTOMER NO: 8064894

FILED
2021 FEB 23 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: KOMADA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOMADA, 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.

Please return all correspondence concerning this matter to the following:

Name of Person

Corporation Service Company

Firm/Company

1201 Hays Street

Address

Tallahassee, FL 32301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
2021 FEB 23 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FL

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

IN COMPLIANCE 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:

1. KOMADA, 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.")

2. Paskenta Band of Nomlaki Indians of California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. <u>104 Park Drive, Ste D</u> (Street Address of Principal Office)	6. <u>104 Park Drive, Ste D</u> (Mailing Address)
<u>Warner Robins, GA 31088</u>	<u>Warner Robins, GA 31088</u>
_____	_____
_____	_____

FILED
2021 FEB 23 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FL.

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

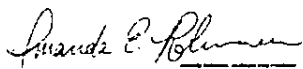
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.


(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:**

☒ Manager Name: Steve Hvizdzak

☐ Member Address: 104 Park Drive, Ste. D

☐ Authorized Warner Robins, GA 31088

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jeffrey Allen

☐ Member Address: 5045 List Drive

☐ Authorized Colorado Springs, CO 80919

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: Allen Osborne

☐ Member Address: 1600 Genessee, St. Ste. 700

☐ Authorized Kansas City, MO 64102

Person _____

☒ Other Compliance Mgr. ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

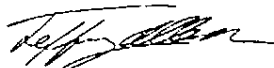
Person _____

☐ Other _____ ☐ Other _____

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.



Signature of an authorized person

JEFFREY ALLEN, CFO

FILED
 2021 FEB 23 PM 4:50
 SECRETARY OF STATE
 TALLAHASSEE, FL



Date 2/18/2021

Certificate of Good Standing

Komada, LLC

Komada, LLC is a limited liability company formed pursuant to the Limited Liability Company Code of the Paskenta Band of Nomlaki Indians of California (the "Tribe"). Komada, LLC was organized as of February 17, 2006 and is authorized by the Tribe to transact business. Tapa, LLC a wholly owned Tribal company, is the sole member of Komada, LLC.

According to our records, Komada, LLC is in good standing under the laws of the Paskenta Band of Nomlaki Indians of California.

Executed on the date first written above.



Keith Ray
Tribal Council Secretary

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB 23 PM 4:50

FILED