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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/24/2021		**WALK IN**
ENTITY NAME LIBERAT	E, LLC	
		
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	MOSLA INC
	Certified Copy	
<u></u>	Certificate of Status	
	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	·
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	DN	
NUMBER OF CERTIFICATI	ES REQUESTED	
TOTAL OWED \$125.00	ACCOUNT #: I20160	
Please call Tina at the	above number for any issues or concerns. Thank	you so much!

COVER LETTER

Registration Section

TO:

Division of Corporations				
2112 mgm - 1/3 - 1/4				
SUBJECT: Liberate, LLC	Name of Limited Liability Company			
The enclosed "Application by Foreign Limited L Existence, and check are submitted to register the	hability Company for Authorization to Transact Business in Florida, e above referenced foreign limited liability company to transact busing the company to transact busing the company to transact business.	" Certificate of ness in Florida		
Please return all correspondence concerning this	matter to the following:			
David Peteler				
	Name of Person			
Avisen Legal, P.A.				
	Firm/Company			
901 Marquette Avenue Sou	th, Suite 1675 Address	de men		
	Address	•		
Minneapolis, MN 55402	City/State and Zip Code			
_	Chyroland and only			
dpeteler@avisenlegal.com E-mail addre	ss: (to be used for future annual report notification)			
For further information concerning this matter, p	lease call:			
Jillian Wallin	at (612) 584,3400			
Name of Contact Person	on Area Code Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section Division of Corporations		Registration Section		
P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
Enclosed is a check for the following at Please make check payable to: FLORII ☐ \$125.00 Filing Fee ☐ \$130.00 F	DA DEPARTMENT OF STATE			

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lability Company," "L.L.C. Wyoming Unridiction under the law of which foreign limited liability company is organized) 4. (Since the transacted business in Florida, if prior to registration.) (See sections 045,996) 4. 865,996.5. F.S. to determine penalty liability.) 5. 7302 Yellowstone Road, Cheyenne, WY 82009 (Naling Address) 6. 7302 Yellowstone Road, Cheyenne, WY 82009 (Naling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation (City) (City) Registered agent's acceptance: (P.O. Box NOT acceptable) Registered agent's acceptance: (P.O. Box named as registered agent and to accept service of process for the above stated limited liability company the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I so comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am failed accept the obligations of my position as registered agent. Statutes Abrag.	Liberate, LLC (Name of Foreign 1	imited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or "LLC.")
Wyoming Charefiction under the law of which foreign limited liability company is organized) Wyoming Charefiction under the law of which foreign limited liability company is organized) (PEI number, if applicable)				
(Pare the law of which foreign limited liability company is organized) (Direct first transacted business in Florida, if prior to registration.) (See sections 903,0904 x 603,0905, F.S. to determine penalty liability) (Table (Proposition Proposition) (See sections 903,0904 x 603,0905, F.S. to determine penalty liability) (Ataling Address) (Ataling Address) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation (City) (Cit	f name unavailable, enter alternate m	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC")
(See sections 605,0904 & 605,0904 & 605,0905, F.S. to determine penalty liability) 1. 7302 Yellowstone Road, Cheyenne, WY 82009 1. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 1. Name: CT Corporation System 1. Office Address: 1200 South Pine Island Road 1. Plantation 1. Florida 133324 (City) 1. City: (City) 1. City: (City) 1. City: (City) 1. Stated limited liability company exignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fail accept the obligations of my position as registered agent. 3. Adjunct Horsey 4. Adjunct Horsey 5. Table 1. Adjunct No. 1. Adjunction of my position as registered agent. Adjunct Horsey 5. Table 1. Adjunct No. 1. Adjunct Horsey 6. T302 Yellowstone Road, Cheyenne, WY 82009 (Nailing Address) 6. T302 Yellowstone Road, Cheyenne, WY 82009 (Nailing Address) 6. T302 Yellowstone Road, Cheyenne, WY 82009 (Nailing Address) 7. Table 1. Adjunct No. 1. Ad		nich foreign limited liability company is organized)	3. 86-2391617 (FEI nun	nber, if applicable)
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(Registered agent's vignature)		(Registered agent	's signature)	

Stephanie Hencz Assistant Secretary

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: Doug Scribner Name: □ Manager □Manager Address: 7302 Yellowstone Road **Member** □ Member Address: ____ Cheyenne, WY \$2009 □ Authorized □ Authorized Person Person Other____ □Other____ Other □Other Name: □Manager Name: ■Manager □ Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other □Other □ □Other____ □Other___ □Manager Name: □Manager Name: □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 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 Douglas J Scribner

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,

LIBERATE, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 23, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000983063**.

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 23rd day of March, 2021 at 3:17 PM. This certificate is assigned ID Number 043218831.

Secretary of State

Level State of the

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.