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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*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** LGW Capital Holdings, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	04		
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## 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

	ame adopted for the purpose of transacting business in Flor	_			_	my, L.L.C., 14 CCC	,
Nevada  (Junisdiction under the law of which is a second control of the law of	3. 81-0951917 (FEI number, if applicable)						
0001 Eldor	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine			dora	do Da	rkway	
2831 Eldorado Parkway (Street Address of Principal Office)		6. <u>Z</u>	831 El		Address)		
Suite 103-	178	S	Suite 1	03-2	178	202	
Frisco, TX	75033 US	F	risco,	TX	7503	3 US \}	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)			-2 PI	
		_				PH 4: 2%	,
Name:	Registered Agent	.5 1110	•			· - ~	ı
Office Address:	7901 4th St N ST	E 300	<u>C</u>				
	St. Petersburg		Florida	337	'02		
	(City)		1 101101	(Z)	p code)		

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Greg Whitner Name: Lisa Whitner Manager Manager Manager Address: \_\_\_\_ 2831 Eldorado Pkwy Address: ✓ Member Member Suite 103-178 Suite 103-178 Authorized Authorized Frisco TX 75033 US Frisco TX 75033 US Person Person Other\_\_\_\_ Other\_ Other\_\_\_\_ Other Manager Manager Manager Member Address: \_\_\_\_\_\_ Member [ ] Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other \_\_\_\_\_ Other\_\_\_ Other\_\_ Manager Manager 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. Riley Park

Typed or printed name of signed

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LGW CAPITAL HOLDINGS, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the State of Nevada since 12/23/2015, and is in good standing in this state.



Certificate Number: B202106011716045

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/01/2021.

BARBARA K. CEGAVSKE Secretary of State