

# Ma1000006884

Florida Department of State  
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To:

Division of Corporations  
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## Foreign Limited Liability Company LR FMV LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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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:*

1. LR FMV 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-0994138

(FBI 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. 2140 S. Dupont Hwy

(Street Address of Principal Office)

Camden, Delaware 199346. 185 W. Broadway Suite 101, PO Box 1150

(Mailing Address)

Jackson, Wyoming 830017. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Paracorp IncorporatedOffice Address: 155 Office Plaza Drive, 1st FloorTallahassee, 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.*

Jose Gomez Jose Gomez, Assistant Secretary  
(Registered agent's signature)

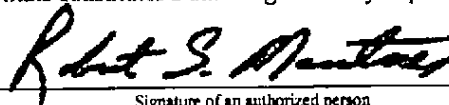
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Willow Lake Holdings Inc.	<input type="checkbox"/> Manager	Name: LR Intermediate2 LLC
<input type="checkbox"/> Member	Address: 185 W. Broadway Suite 101	<input checked="" type="checkbox"/> Member	Address: 185 W. Broadway Suite 101
<input type="checkbox"/> Authorized	PO Box 1150	<input type="checkbox"/> Authorized	PO Box 1150
Person	Jackson, Wyoming 83001	Person	Jackson, Wyoming 83001
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Ian Livingstone	<input type="checkbox"/> Manager	Name: Desmond Taljaard
<input type="checkbox"/> Member	Address: 185 W. Broadway Suite 101	<input type="checkbox"/> Member	Address: 185 W. Broadway Suite 101
<input checked="" type="checkbox"/> Authorized	PO Box 1150	<input checked="" type="checkbox"/> Authorized	PO Box 1150
Person	Jackson, Wyoming 83001	Person	Jackson, Wyoming 83001
<input checked="" type="checkbox"/> Other <sup>CEO</sup>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <sup>COO</sup>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Robert Mautner, President of Willow Lake Holdings Inc., as Manager

# Delaware

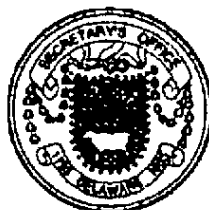
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LR FMV LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LR FMV LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5957931 8300

SR# 20212373107

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203381903

Date: 06-07-21