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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107
Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future - annual report mailings. Enter only one email address please.\*\*

eteam@eminutes.com Email Address:\_

## Foreign Limited Liability Company Ryan Alternative Solutions Training, LLC

Certificate of Status	
Certified Copy	0
Page Count	<b>04-</b> 3
Estimated Charge	\$130.00

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

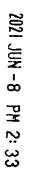
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Ryan Alternative Solutions Training, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "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," "LLC," or "LLC.") (FEI number, if applicable) (Junydiction under the law of which foreign limited liability company is organized) (Dute first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 6. 101 Montgomery St., Suite 2800 11557 Trotting Down Dr. (Matting Address) (Street Address of Principal Office) San Francisco, California 94104 Odessa, Florida 33556 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) eResidentAgent, Inc. Name: 801 US Highway I Office Address: North Palm Beach Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company atthe 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 fantifiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Logan Ryan Manager 101 Montgomery St., Suite 2800 San Francisco, CA 94104 Lester Ryan Manager 101 Montgomery St., Suite 2800 San Francisco, CA 94104 (Use attachments if necessary) 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. nonzed person Erika Easter

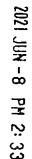
Typed or printed name of signee

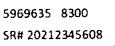
## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RYAN ALTERNATIVE SOLUTIONS TRAINING, 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 EIGHTH DAY OF JUNE, A.D. 2021.









Authentication: 203391203

Date: 06-08-21