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## COVER LETTER

TO:	Registration Section Division of Corporations		·,				
CUDIC	Leverage Transaction Management	LLC					
SUBJE	CI:	Name of Limited Liability Company					
The end Existen	dosed "Application by Foreign Limited L ce, and check are submitted to register the	iability Company for Authorization to Transact Business in Florida," above referenced foreign limited liability company to transact busing	Certificate oness in Florida				
Please	return all correspondence concerning this	matter to the following:					
	Tricia Salyers						
		Name of Person					
	Leverage Transaction Manage	ment, LLC					
		Firm/Company					
	601 Market St. Unit 470386	70 70	2021				
		Address					
	Kissimmee, FL 34747		9				
	City/State and Zip Code						
	tricia@leveragetm.com	; rr; rr;					
	E-mail addres		Ch				
For fur	ther information concerning this matter, p	please call:					
	Tricia Salyers	503 989-4779 at ( )					
	Name of Contact Person	on 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 at Please make check payable to: FLORI   \$125.00 Filing Fee  \$130.00 I	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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Celebration FL 34747  Tricia Salyers  Tricia Salyers  Celebration  Tricia Salyers  Celebration  Control City)  Control City  Con	Leverage Transaction M	Management, LLC					
Tricia Salyers  Name:  670 Dumont St #419  Office Address:  Celebration  Tricia Salyers  Name:  670 Dumont St #419  Office Address:  Celebration  Celebration  Celebration  Tricia Salyers  Name:  670 Dumont St #419  Office Address:  Celebration  Tricia Salyers  Name:  670 Dumont St #419  Office Address:  Celebration  Tricia Salyers  Name:  670 Dumont St #419  Office Address:  Celebration  Tricia Salyers  Name:  670 Dumont St #419  Office Address:  Celebration  Tricia Salyers  Name:  Office Address:  Celebration  Tricia Salyers  Office Address:  Office Address:  Celebration  Tricia Salyers  Office Address:  Office Address:  Celebration  Tricia Salyers  Office Address:  Office Address:  Office Address:  Celebration  Tricia Salyers  Office Address:  Offic	(Name of Foreign	Limited Liability Company; must include "Limited	Liability Cor	npany," "L.L. C.," or "LLC.")			
Celebration FL 34747  Tricia Salyers  Tricia Salyers  Celebration  Tricia Salyers  Celebration  Control City)  Control City  Con	aine unavailable, emer alternate r	name adopted for the purpose of transacting business in Flor	rida. The altern	ate name must include "Limited E.	iability Company	." "L.L.C.	," or "LLC.")
(Original company) is espanized.  (Original company)  (O	regon		2				
(City)  (Date first transacted business in Florida, if pror to registration.) (See sections 603,0904 & 603,0905, F.S. to determine penalty liability)  PO Box 470386  (Mading Address)  (Mading Address (Mading Address)  (Mading Ad	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI num	ber, if applicable)	192	
(City)  (Date first transacted business in Florida, if pror to registration.) (See sections 603,0904 & 603,0905, F.S. to determine penalty liability)  PO Box 470386  (Mading Address)  (Mading Address (Mading Address)  (Mading Ad					130		·
See sections 695,094 & 605,0903 F. S to determine penalty hability   PO Box 470386	07/01/2021					-	•
Address of Principal Office)  Celebration, FL 34747  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Tricia Salyers  Name:  670 Dumont St #419  Office Address:  Celebration  Celebration  Florida  (City)  Florida  34747  (Zip code)  instered agent's acceptance: ing been named us registered agent and to accept service of process for the above stated limited liability company at the play grated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.		(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F,S to determine	gistration.) e penalty liabil	ity)	.".;	9	i man
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Tricia Salyers  Name:  670 Dumont St #419  Celebration  Celebration  City  Thorida  (City)  Thor	570 Dumont St #419					70	, h
Rame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Tricia Salyers  Name:  670 Dumont St #419  Celebration  Celebration  Collebration  Florida  (City)  Thorida  (City)  Stered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated limited liability company at the plant of in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.	t Address of Principal Office)		6	(Mailing Address)			<u></u>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  670 Dumont St #419  Office Address:  Celebration  Celebration  Florida  34747  (City)  isstered agent's acceptance: sing been named as registered agent and to accept service of process for the above stated limited liability company at the planguated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the peoper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.			V ie	eiromaa El 34747	333		
Name:  670 Dumont St #419  Office Address:  Celebration  City Florida  (City)  Tricia Salyers  Address:  Celebration  Florida  (Zip code)  Gistered agent's acceptance:  wing been named us registered agent and to accept service of process for the above stated limited liability company at the playing above this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.	Letebration, r.L. 54747		KIS	Sittiffice, CL 3-7-47	1 •		
Office Address:  Celebration  Colebration  (City)  (Ci	Name:	Tricia Salyers		_			
Office Address:  Celebration  Colebration  (City)  (Ci		670 Dumont St #419					
(City)  Florida (Zip code)	Office Address:			_ <del></del>			
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	ving been named as re ignated in this applica comply with the provise	gistered agent and to accept service of po tion, I hereby accept the appointment as ions of all statutes relative to the peoper o	registerea	agent and agree to act	in this capa	city. 1	further a
(Registered agent's signature)			<del> </del>				

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: Tricia Salyers Manager Name: \_\_\_\_\_ □Manager Address: 470 Dumont St. #419 □Member Address: \_\_\_\_ □ Member. Telebration, FL 34747 □ Authorized ☐ Authorized Person Person Other □Other\_\_\_ ☐Other\_\_\_ Name: □ Manager Name: \_\_ ☐ Member □ Member Address: □ Authorized □ Authorized Person Person Other □Other\_\_\_\_ Other\_ □Other\_ □ Manager Name: □ Manager Name: Address: \_\_\_\_ □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 Tricia Salvers

Typed or printed name of signee

# State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

### Certificate of Existence 203B387J5

1. SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

### LEVERAGE TRANSACTION MANAGEMENT, LLC

is

#### Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

4/7/2021