

MA1000007815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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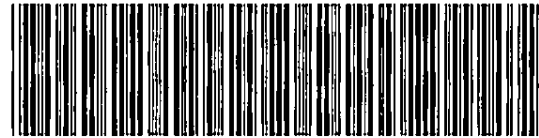
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUN 10 PM 2:43
CLERK OF STATE
DOVER, NEW HAMPSHIRE

7/22/21

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. Betkor III, 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. Kalispell, Montana, USA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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. 1001 S. Main Street, Suite #49
(Street Address of Principal Office)

6. 1001 S. Main Street, Suite #49
(Mailing Address)

Kalispell, MT 59901

Kalispell, MT 59901

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

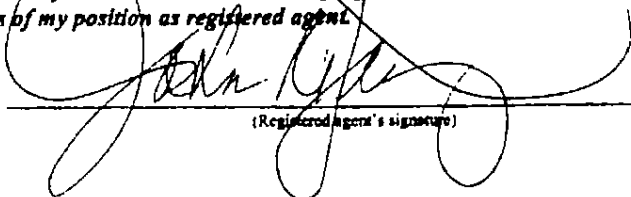
Name: John Herring

Office Address: 13860 Wellington Trace, Ste 38-204

Wellington, Florida 33414
(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.


(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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:**

☐ Manager Name: John Herring

☐ Member Address: 13860 Wellington Trace

☐ Authorized Suite 38-204

Person Wellington, FL 33414

☒ Other President ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Linda Herring

☐ Member Address: 13860 Wellington Trace

☐ Authorized Suite 38-204

Person Wellington, FL 33414

☒ Other Vice President ☐ Other

☐ Manager Name: Scott Herring

☐ Member Address: 13860 Wellington Trace

☐ Authorized Suite 38-204

Person Wellington, FL 33414

☒ Other Treasurer ☐ Other

☐ Manager Name: Jan S. Beck

☐ Member Address: 13860 Wellington Trace

☐ Authorized Suite 38-204

Person Wellington, FL 33414

☒ Other Secretary ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other ☐ Other

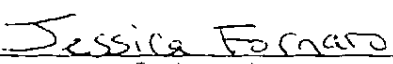
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

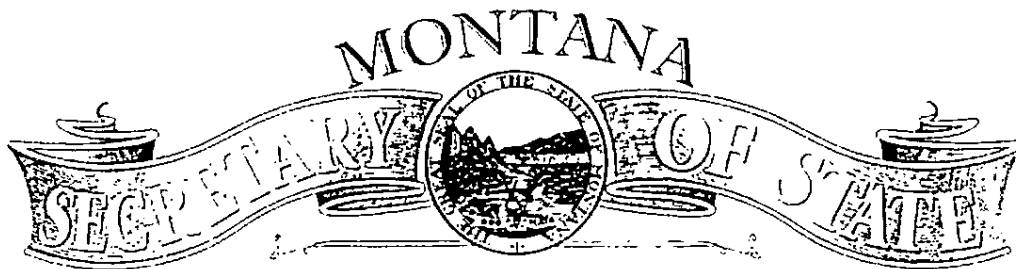
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person



Typed or printed name of signer



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

BETKOR III LLC

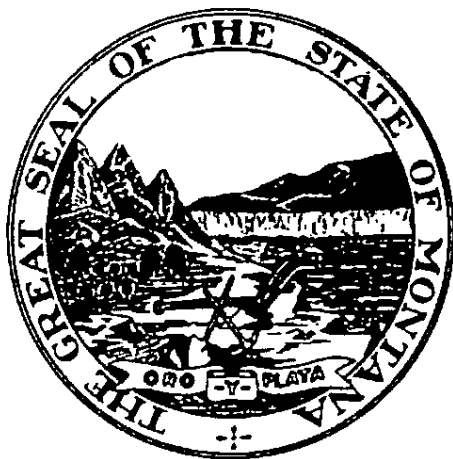
duly filed its **System Amendment** in this office on **July 9, 2014**, and on that date was authorized to transact business in this state for a term of **perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 20th day of May, 2021.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 12384026