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| PICK-UP | MAIT | MAIL | | |
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| (Document Number) | | | | |
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

Registration Section

Division of Corporations

TO:

| Name of Limited Liability Company | | | | | | |
|-----------------------------------|--|--|-------------|--|--|--|
| | | Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus | | | | |
| Please return al | I correspondence concerning this matter t | o the following: | | | | |
| | Matthew McGinley | | _ | | | |
| | | Name of Person | _ | | | |
| | Southeastern Properties, LLC | | | | | |
| | | Firm/Company | _ | | | |
| | 5224 W. State Road 46, Suite 316 | | | | | |
| | Address | | | | | |
| | Santord, FL 32771 | | 2021 SEP -7 | | | |
| | C | ity/State and Zip Code | SEP | | | |
| | matt@yourlocalpods.com | | 1 | | | |
| | E-mail address: (to be | e used for future annual report notification) | 毛 | | | |
| For further info | ormation concerning this matter, please ca | 11: () | 料 3: 55 | | | |
| Matth | iew McGinley | 407 341-5394 at () | . <u>n</u> | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | - | | | |
| Regi | ng Address: stration Section sion of Corporations | Street Address: Registration Section Division of Corporations | | | | |
| | Box 6327 | The Centre of Tallahassee | | | | |
| Talla | assee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Please | sed is a check for the following amount: make check payable to: FLORIDA DEF 25.00 Filing Fee | ee & 🕒 \$155,00 Filing Fee & 🗐 \$160,00 Filing Fee | | | | |

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

IN COMPLIANCE WITH SECTION (05,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Southeastern Properties, | | | |
|--------------------------------------|---|---|-----------------------------------|
| (Name of Foreign L | imited Liability Company; must include "Limited | Liability Company," "L.L.C.," or "LI.C.") | |
| name unavailable, enter alternate na | nne adopted for the purpose of transacting business in Flo | nida. The alternate name must include "Limited Liabil | ity Company," "L.L.C," or "LLC,") |
| South Dakota | | 27-0349934 | |
| Gurisdiction under the law of wh | ich foreign limited liability company is organized) | 3. (FEI number, | of applicable) |
| 9-10-2021 | | | |
| | (Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine | egistration.) ie penalty liability) | |
| 4200 Beach Drive | | PO Box 2366 | |
| rect Address of Principal Office) | | 6. (Mailing Address) | |
| Rapid City, SD 57702 | | Rapid City, SD 57709 | |
| | | | |
| | | | - SE |
| Name and <u>street address</u> Name: | s of Florida registered agent: (P.O. Box Matthew McGinley | NOT acceptable) | 7 AH 3: 55 |
| Office Address: | 501 Avon Glade Place | | |
| | Sanford | 32771 , Florida | |
| | (City) | (Zin code) | |

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: | Title or Capacit | <u>Y:</u> | Name and Address: | | |
|---------------------|--------------------------------|---------------------|-----------|---------------------|--|--|
| ≣ Manager | Name: | □Manager | Name: Van | Name: Vance Watson | | |
| ■Member | Address: 5224 W. State Road 46 | ■Member | Address: | Address: | | |
| Authorized | Suite 316 | ■ Authorized | | Kalispell, MT 59901 | | |
| Person | Sanford, FL 32771 | Person | | | | |
| ⊡Other | | □Other | | □Other | | |
| ■Manager | Name: Varan Leasing, LLC | □Manager | Name: | | | |
| ■Member | Address: | □Member | | | | |
| ■ Authorized | Suite 5 | □Authorized | | <u>.,,</u> | | |
| Person | Rapid City. SD 57702 | Person | · | | | |
| □Other | Other | □Other | | □Other | | |
| ⊡Manager | Name: | □Manager | Name: | Other 7621 SEP | | |
| ⊡Member | Address: | □Member | Address: | 7 | | |
| □Authorized | | □Authorized | | | | |
| Person | | Person | | ိ် တိ | | |
| ⊡Other | □ Other | □Other | | □Other | | |

- 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 gree felony as provided for in s.817.155, F.S.

Signature of an assistorized person

Matthew McGinley

Typed or printed name of signer

State of South Pakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

SOUTHEASTERN PROPERTIES, LLC

Business ID: DL018815

was authorized to transact business in this state on: April 28, 2009.

I, further certify that **SOUTHEASTERN PROPERTIES.** LLC has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, September 3, 2021.

Steve Barnett

Steve Barnett Secretary of State

Verification #: 014795829

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