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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Curran North, LLC	
	ed Liability Company
The enclosed "Application by Foreign Limited Liability Company for Existence, and check are submitted to register the above referenced	
Please return all correspondence concerning this matter to the follow	ving:
Matt Curran	
	f Person
Curran North, LLC	
Firm/Co	ompany
008 471	
POBOX 421	Iress
Freeport ME 04032 City/State as	nd Zin Code
muttocurranorthconsulting.c E-mail address: (to be used for f	un
For further information concerning this matter, please call:	
- · · · · · · · · · · · · · · · · · · ·	007 0000500
Matthew Curran	207 2323526
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
Turning Sect. 1. B 52571	Tallahassee, FL 32301
Enclosed is a check for the following amount:	AT OF STATE
Please make check payable to: FLORIDA DEPARTMEN \$125.00 Filing Fee \$130.00 Filing Fee &	NT OF STATE \$155.00 Filing Fee & \$\Bigcup \bigcup \\$160.00 Filing Fee, Certificate
Certificate of Status	Certified Copy of Status & Certified Copy

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

IN COMPILANCE 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:

(- a	Limited Liability Company; must include "Limite	d Liability Company," "L.	L.C.," or "LLC.")		
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate name must	include "Limited Liability Com	npany," "L.L.C," or "L.L.	- C.")
Maire	hich foreign limited liability company is organized)	3. <u>84-32</u>	368 56 (Fill number, if appl		_
(Jurisdiction under the law of w	hich foreign firmted liability company is organized)		(FEI number, if appl	licable)	
	(Date first transacted business in Florida, if prior to	registration)			
	(See sections 605,0904 & 605,0905, F.S. to determ	ine penalty liability)			
56 Maruh Was	Principal Office)	6. PO Bo	× LD (Mailing Address)		-
5 N 6	04032	Ca aval	× 42 \ (Mailing Address) WE 040	17.2	
FACEDOCK INTE	04092	+11CP011	7 12 0 10	- J- J-	•
				<u> </u>	
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		ZI OC TALL	
	Domintound Amont	ممامه		T-4 AMIO	1
Name:	Registered Agent	s inc.		AM SSEE	77
Office Address:	7901 4th St N ST	E 300		AM 10: 01	فسا
	St. Petersburg	778	33702	ליון 😉	
	(City)	, Flori	(Zip code)		
Registered agent's accep	stance: egistered agent and to accept service of j	process for the chose	e statad limitad liakili	to company at th	o nlace

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 Capacity: Name and Address: Name: Matthew Curran Manager Manager Name: Address: 56 Marvin Way Member Member Address: _____ Freeport, ME 04032 Authorized ☐ Authorized Person Person Other_ Other____ Other Other____ Manager Name: ■ Manager Name: _____ Member Address: Member Address: ■Authorized ☐ Authorized Person Person Other Other___ Other____ Other Manager Name: _____ Manager Name: Member Address: ___ ☐ Member Address: _____ ☐ 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. Matthew Curran

Typed or printed name of signed

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that CURRAN NORTH, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is October 08, 2019.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-second day of September 2021.

Shenna Bellows

Secretary of State