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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:		

Foreign Limited Liability Company Precambrian LLC

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M. SOLOMON

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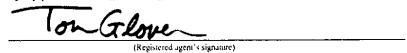
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Precambria			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	. <u> </u>
(If name unavailable, enter alternate no	ame adopted for the purpose of transacting business in Flori	•	
(Jurisdiction under the law of wh	ich foreign limited hability company is organized)	5(FEI number, 1	Espplicable)
4	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determin	gistration) - penalty hability)	1
5. 7901 4th S	6.		
STE 300		STE 300	
St. Petersbu	urg FL 33702	St. Petersburg	FL 33702
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	2022 JAN
Name:	Northwest Registered Age	ent LLC	SSISSY AH TZ
Office Address:	7901 4th St N STE 300		7.67 9. 02
	St. Petersburg	, Florida 33702	

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.



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: Pandanus Trust Manager Manager Manager Address: _____ Member Member Address: 7901 4th St N STE 300 Authorized Authorized St. Petersburg FL 33702 Person Person Other____ Other____ Other___ Other___ Name: Manager ☐ Member Address: Member Address: Authorized Authorized Person Person Other Other____ Other_ Other Manager | Name: _ Manager 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. Morgan Noble

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Precambrian LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 20, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001072170**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of January, 2022 at 12:19 PM. This certificate is assigned ID Number 049350533.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.