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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I200900000081
Phone : (307)200-2803
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:

22 JAN 25 FFI 3: 46

# Foreign Limited Liability Company Paleogene LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

S. FRANKLIN JAN 2 6 2022

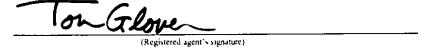
### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

			ame must include "Limited Liability Con		
Wyoming		3			
(furisdiction under the law of w	hich foreign limited hability company is organized)		(FEI number, if app	licable)	
				12 JA	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ) une penalty (inhility)		2022 JAN 25	
7901 4th St N		, 79	01 4th St N	70, 70	
(Street Address of	Principal Office)	u	(Mailing Address)	me -	
STE 300		STE 300			
St. Petersburg FL 33702		St. Petersburg FL 33702			
	10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ible)		
Name:	Northwest Registered Agent LLC				
	7901 4th St N ST	E 300			
Office Address:			•		
Office Address:	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.



anage [up to six (6	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Pandanus Trust	Manager	Name:	
∬Member	Address: PO Box 4310	Member	Address:	
Authorized	Jackson WY 83001	Authorized		
Person		Person		
Other	———	Other		Other
Manager	Name:	Manager		
Member	Address:	Member	Address: _	
Authorized		☐ Authorized		23
Person		Person		- <u> </u>
Other	Other	Other	<del>_</del>	Other 2
☐Manager ☐Member	Name:A	□ Mambas	Name:	JAN 25 PH 4: 52
Authorized		e Person		
Person  Other	Other	Other		Other
9. Attached is a conjurisdiction under of the translator	E. Use an attachment to report more than six (als may be added to the index when filing your trifficate of existence, no more than 90 days or the law of which it is organized. (If the cerement be submitted)  ent is executed in accordance with section 60 per triffication of the Department of State constitutes.)	s old, duly authenticated by tificate is in a foreign langu 5,0203 (1) (b). Florida State es a third degree felony as p	the official hat age, a translat attes. I am awar rovided for in	ving custody of records in the control of the certificate under on the certificate under on the that any false information s.817.155, F.S.
	Maria	Signature of an authorized person		

## 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,

### Paleogene LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 25, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001073533**.

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 25th day of January, 2022 at 12:05 PM. This certificate is assigned ID Number 0494429423

Secretary of State 55

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.