# M2200001438

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(City/State/Zip/Phone #)
(Only States Elph Holle #)
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01/04/22--01011--024 \*\*160.00

S. HAWKES

JAN \_ = 2021



January 6, 2022

LINDA S LEVY 38 OAK VIEW CIRCLE WEST PALM COAST, FL 32137

SUBJECT: COYOTE MOON INVESTMENTS LLC

Ref. Number: W22000001686

We have received your document for COYOTE MOON INVESTMENTS LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 822A00000451

Suzanne Hawkes Regulatory II

www.sunbiz.org

#### COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ASPEN LEAF INVESTMENTS LLC  Name of Limited Liability Com  The enclosed "Application by Foreign Limited Liability Company for Aumorization  Existence, and check are submitted to register the above as former of fine and	npany			
The enclosed "Application by Foreign Limited Liability Company for Aumorization Existence, and check are submitted to register the above referenced foreign limited	n to Transact Business in Florida," Certificate of liability company to transact business in Florida.			
Please return all correspondence concerning this matter to the following:				
LIUDA F. LEVY Name of Person				
Name of Person				
ASTEN LEAF INVESTIGATE LIC	2			
Firm/Company				
_ 38 OAK VIEW CIRCLE WE	4			
Address				
TALK COLOT FI 32	2137			
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
	ort notification)			
For further information concerning this matter, please call:				
LINDA LEVY all 970	<del>289</del> -0149			
Area Code  WARK LEVY  at (970)  Area Code	Daytime Telephone Number			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations				
P.O. Box 6327 The Centre of Tal	Hahassee			
Tallahassee, FL 32314 2415 N. Monroe 9 Tallahassee, FL 3				
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3			

## 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: Name of Foreign Limited Liability Company; nust include "Limited Liability Company," T. L.C., "or "L.L.C.") COYOTE MOON INVESTMENTS LLC (Jurisdiction under the law of which foreign limited liability company is organized) FORT COLUNG 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	Manager	Name: MARK A. LEW
Member	Address: 38 OAK VIEW CIPCLE	Z/Member	Address: 38 OAK VIEW CUPOL
Authorized	PALL COLOT TL 32137	Authorized	FACH COAST FL 32/37
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: MIRALDA A LEW	□Manager	Name:
□Member	Address: 439 LOCHNESS CT	□Member	Address:
Authorized	FOR CALINS 10 80524	□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. 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.

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Aspen Leaf Investments LLC

is a

#### Limited Liability Company

formed or registered on 02/08/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071068022.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/13/2022 that have been posted, and by documents delivered to this office electronically through 01/17/2022 @ 05:46:37 +

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/17/2022 @ 05:46:37 in accordance with applicable law. This certificate is assigned Confirmation Number 13721945



Secretary of State of the State of Colorado

Notice A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do/entering/the/certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos state.co us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"