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3 []	!*Enter	Account Number: FCA000000023 Phone: (614)573-3996 Fax Number: (954)208-0845 the email address for this business entity to be	used for futores s please.**	
$\ddot{\sim}$	Ė	Fax Number : (954)208-0845	HAN TEB	
25	<u>ن</u> `	Account Number : FCA000000023 Phone : (614)573-3996	2022 FEB SECRETA FALLAHA	
	From:	Account Name : C T CORPORATION SYSTEM	20 S IAI	
		Fax Number : (850)617-6383		
	To:	Division of Corporations		

Foreign Limited Liability Company Mt Bierstadt Capital LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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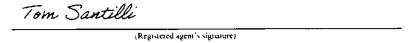
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. Mt Bierstadt Capital LI				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compuny," "I	l,.C.," ar "H.C.")	
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in E	forida. The alternate name in	nist include "Emilied Eabili	rts Company," "I, L.C," or "ELC,")
Colorado	, ,			
•	high foreign limited liability company is organized)	3	(FEI number, 1	f applicable)
02/09/2022				
l	(Date first transacted business in Honda, if prior to (See sections 605 0901 & 605 0905, F.S. to determ	registration) tine penalty liability)	1-44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	_
1798 Platte Street		6. 1798 Platte	Street	
Denver, CO 80202		Denver, CC	0 80202 	-1 <u>22</u>
				22 FE
·				FAR FAR
7. Name and street addres	ss of Florida registered agent: (P.O. Hov	(NOT acceptable)		PM FEE.F
Name:	Tom Santilli			6: 1 STAT LORI
Office Address:	4614 19th Street Court East			0m 6
	Bradenton	, Flo		
	(Ciţ)		(Zrp code)	

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.



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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	<u>r:</u>	Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: 1798 Platte Street	□Member	Address:	
□Authorized	Denver, CO 80202	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

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.

Emily Lei	renentz	
<i>O</i>	Signature of an authorized person	
Emily Leverentz		
_	Typed or printed name of signed	

Te: +18506176383 • • Page: 5 of 5 2022-02-04 10:57:57 PST 19548277645 From: Kaity Toon

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

Mt Bierstadt Capital LLC

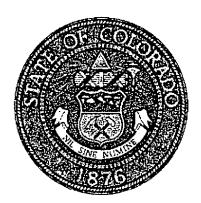
is a

Limited Liability Company

formed or registered on 06/08/2021—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 20211539363.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/02/2022 that have been posted, and by documents delivered to this office electronically through 02/04/2022 @ 07:00:18.

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/04/2022 @ 07:00:18 in accordance with applicable law. This certificate is assigned Confirmation Number 13769699



Secretary of State of the State of Colorado

Nance: 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 of Certificate page of the Secretary of State's Web site, http://www.sos.state.co.uv/biz/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instruction 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/elick/"Husinesses, bailemanks, trade mones" and select "Frequently Isked Questions".