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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section

Name of Limited Liability Company					
he enclosed xistence, an	I "Application by Foreign Limited Liability ad check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.			
ease return	all correspondence concerning this matter	to the following:			
	Heather Hooley				
		Name of Person			
	Veil Legal				
Firm/Company					
	1187 N. 1200 W. Ste 300				
	-	Address			
	Orem, Utah 84057				
	(City/State and Zip Code			
	renewals@veil.com				
	E-mail address: (to be	e used for future annual report notification)			
r further in	formation concerning this matter, please ca	d1:			
Hea	ther Hooley	877 313-1043			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ling Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
Encl	losed is a check for the following amount:				
Pica:	se make check payable to: FLORIDA DEF 125.00 Filing Fee S130.00 Filing Fe				
<u> </u>	Certificate				

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:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	ida. The alternate name must include "Limited Liabilit	y Company," "L.L.C," or "LEC.")	
Arizona 2.		87-4068814 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
4	(Day Fee value and business Florida of		_	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	epenalty liability)		
1846 E. Innovation Par 5.		241 S. Washington St.		
(Street Address of Principal Office)		6. (Mailing Address)		
Oro Valley, AZ 85755		Chandler, AZ 85225	200 S TA	
			Z MAR	
		 	- 15 - 1 - 1	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	N <u>OT</u> acceptable)	SEE. I	
Name:	Registered Agents, Inc.		SIATE SIATE SIATE	
Office Address:	7901 4th St N STE 300		•	
	St. Petersburg	33702 , Florida		
	(City)	(Zip code)	_	

(Registered agent's signature)

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: Joshua D. Martinez ■ Manager □Manager Name: _____ Address: 241 S. Washington St. □Member □Member Address: Chandler, AZ 85225 ☐ Authorized □ Authorized Person Person □ Other □Other □Other Other____ Name: Anna M. Martinez ■ Manager □Manager Name: _____ Address: 241 S. Washington St. □Member □Member Address: Chandler, AZ 85225 ☐ Authorized □ Authorized Person Person Other □Other____ □Other___ □Other Name: _____ □Manager □ 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 Départment of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Joshua D. Martinez

Typed or printed name of signee





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Martinez Holdings, LLC

ACC file number: 23310738

was incorporated under the laws of the State of Arizona on 12/20/2021, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF, Thave hereunto set my hand, attived the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 02/17/2022

Matthew Neubert, Executive Director



