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(Requestor's Name)
(Address)
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(Only Otales Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilioss Elikiy Hallie)
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SECRETARY OF STATE OF ALLAHASSEE, FIRST OF STATE

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:

1.1.1.	adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Elabil	ity Company," "L.L.C," or "LLC,")
Idaho		2	
(Jurisdiction under the law of which i	foreign limited liability company is organized)	3(FEI number	r, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) tine penalty liability)	
582 E Boise Ave #1004		582 E Boise Ave #1004	
(Street Address of Prince	apal Office)	6. (Mailing Addres	ss)
Boise, ID 83706		Boise, 1D 83706	
R Name:	egistered Agents Inc.		2022 APR -T
79 Office Address:	901 4th St N, Ste 300		A 9: 4:
S	t. Petersburg	33702 , Florida	42
	(City)	(Zip code)	

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: Alexandra Horton Manager Manager Name: Address: ____ 582 E Boise Ave #1004 ■ Member ☐ Member Address: Boise, ID 83706 Authorized Authorized Person Person Other Other Other Other Name: ___ Keith Horton Manager Name: _____ Address: 582 E Boise Ave #1004 ■ Member Member Address: ____ Boise, ID 83706 Authorized Authorized Person Person Other___ Other___ Other____ Other Manager Manager Name: 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

Signature of an authorized person

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Keith Horton



STATE OF IDAHO

Lawerence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

April 1, 2022

Request Type: Certificate of Existence/Filing

Request #:

0004681327

Receipt #:

000638875

Regarding:

Project One LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 02/13/2019

Status:

Active-Existing

Duration Term:

Perpetual

Issuance Date: 04/01/2022

Copies Requested:

0

Verification #: 017642929

File #:

3429672

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Project One LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov