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| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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K. Bumples

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-------------------------|
| CHBIL | • GREEN GAITS LLC | | | | | | | |
| 30031 | Name of Limited Liability Company | | | | | | | |
| The en Exister | closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re | ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida. | | | | | | |
| Please | return all correspondence concerning this matter to | the following: | | | | | | |
| | JAMES PETTEYS | | | | | | | |
| | | Name of Person | | | | | | |
| | GREEN GAITS LLC | • | | | | | | |
| | | Firm/Company | | | | | | |
| 1845 W 4500 S STE 139 | | | | | | | | |
| ROY. UT 84067 | | | | | | | | |
| | | | | | | | | City/State and Zip Code |
| | JPETTEYS@WESTERNONEAG.COM | | | | | | | |
| | E-mail address: (to be | used for future annual report notification) | | | | | | |
| For fu | rther information concerning this matter, please call | : | | | | | | |
| | JAMES PETTEYS | 801 940-4005 | | | | | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | | | | | | |
| | Mailing Address: | Street Address: | | | | | | |
| | Registration Section | Registration Section Division of Corporations | | | | | | |
| Division of Corporations P.O. Box 6327 | | The Centre of Tallahassee | | | | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | | | |
| | Tartinassec, i C 727 i | Tallahassee, FL 32303 | | | | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. ■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate o | : & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, 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:

| name unavailable, enter alternate na | me adopted for the purpose of transacting business in Flo | rida. The | alternate na | me must include "Limited Liah | oility Company," "L.L.C," | or "1.1.0 |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|-------------------------------|---------------------------|-----------|
| UTAH | | 3. | 37-202 | | | |
| (Jurisdiction under the law of wh | nch foreign limited liability company is organized) | ٥. | | (FEI number | r, if applicable) | |
| 12/21/2021 | | | | | | |
| | (Dute first transacted business in Florida, if prior to to (See sections 605.0904 & 605.0905, F.S. to determine | registratio ne penalty | n.) (lînbility) | | | |
| GREEN GAITS LLC | | | | N GAITS LLC | | |
| eet Address of Principal Office) | - | 0. | (Ma | ading Address) | | |
| 7029 WEST HIGHWAY 40 | | | 1845 W | | | |
| OCALA, FL 34482 | | | ROY. U | UT 84067 | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | <u>NOT</u> | acceptab | ble) | 2022 | |
| Name: | Jacqueline St. John | | | | 2022 MAY 18 | ا ۲٦ |
| Office Address: | Office Address: | | | | P | 6 |
| | Williston | | | 32696 , Florida | | |
| | (City) | | | (Zip code) | <u> </u> | |

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: G. James Petteys | ■Manager | Name: Jacqueline St. John |
| ■Member | Address: | □Member | Address: 1490 NE 170th Ave. |
| □Authorized | Roy, UT 84067 | □Authorized | Williston, FL 32696 |
| 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 | 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.

Signature of an authorized person

C. James Parrays

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

03/18/2022 12542141-016003182022-2859931

CERTIFICATE OF EXISTENCE

Registration Number:

12542141-0160

Business Name:

GREEN GAITS LLC

Registered Date:

October 28, 2021

Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L. Veillette

Leigh Veillette Director Division of Corporations and Commercial Code