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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	amshot LLC					
3003	Name of Limited Liability Company					
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning thi	is matter to the following:				
	Russell Wantland					
	Name of Person					
	Resolution Legal Group					
	Firm/Company					
	1214 N Hudson Ave.					
	Address					
	Oklahoma City, OK 73103					
	City/State and Zip Code					
	rick@amshot.com					
	E-mail addr	ress: (to be used for future annual report notification)				
For fu	orther information concerning this matter,	please call:				
Russell Wantland		405 235-6500 at ()				
	Name of Contact Per					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
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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 IN SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. amshot LLC					
(Name of Foreign	Limited Liability Company; must include "Limit	ted Liability Company," "L.I.C.," or "LLC.")			
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Liabi	lity Company," "E.I. C," or "LLC.")		
Oklahoma 2		3			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number,	(FEI number, if applicable)		
4.					
	(Date first transacted business in Florida, if prior ((See sections 605,0904 & 605,0905, F.S. to deter	to registration) mine penalty liability)			
428 Dean A. McGee 5		428 Dean A. McGee 6.	SEC TALL		
(Street Address of Principal Office)	<u> </u>	6. (Mailing Address)			
Oklahoma City, OK 73102		Okłahoma City, OK 73102	UN 21		
			PM IZ		
			2: 21		
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	****		
Name:	Registered Agent Solutions Inc.				
Office Address:	155 Office Plaza Dr., Suite A				
	Tallahassee	. Florida ^{- 32301}			
	(City)	(Zip code)			
Registered agent's accep	tance:				

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.

> Adam Saldana, Asst. Secretary (Registered agent's signatur

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Michael C. Thomas, II ■Manager □Manager Name: Address: 428 Dean McGee Ave. □Member □Member Address: _____ Oklahoma City, OK 73102 □Authorized □ Authorized Person Person Other____ □Other_____ □Other____ □Other □ Manager □Manager Name: _____ Name: _____ □Member Address: ☐ Member Address: □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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Russell Wantland

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

1, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>AMSHOT LLC</u> whose registered agent is <u>SECRETARY OF STATE</u>, with its registered office at <u>421 NW 13th St</u>, <u>Suite 210 OKLAHOMA CITY 73103 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereumo set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>14th</u>, day of <u>June</u>, <u>2022</u>.

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