

To:

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2022-08-16 15:46:21 CST

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From: Lexus Wingo

8/16/22, 5:36 PM

Division of Corporations

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Florida Department of State
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
YES& COMPANIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 AUG 17 AM 9:00

S. FRANKLIN

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Help AUG 18 2022

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

IN COMPLIANCE WITH SECTION 615.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. YES& COMPANIES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternative name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEVADA 3. APPLIED FOR
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 603.0901 & 603.0905, F.S., to determine penalty liability.)

5. 801 S RAMPART BLVD STE 200 6. 801 S RAMPART BLVD STE 200
(Street Address of Principal Office) (Mailing Address)

LAS VEGAS, NV 89145 LAS VEGAS, NV 89145

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip 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.

Let Eric Legman, Assistant Secretary,

2022 JUL 17 PM 4:18

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:

☒ Manager Name: TODD SPECTOR

☐ Member Address: 801 S RAMPART BLVD

☐ Authorized STE 200

Person LAS VEGAS, NV 89145

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: JENNIFER LaFRANCE

☐ Member Address: 801 S RAMPART BLVD

☐ Authorized STE 200

Person LAS VEGAS, NV 89145

☐ Other _____ ☐ Other _____

☒ Manager Name: ANTHONY TWIST

☐ Member Address: 801 S RAMPART BLVD

☐ Authorized STE 200

Person LAS VEGAS, NV 89145

☐ Other _____ ☐ Other _____

☒ Manager Name: CRAIG CHILTON

☐ Member Address: 801 S RAMPART BLVD

☐ Authorized STE 200

Person LAS VEGAS, NV 89145

☐ Other _____ ☐ Other _____

☒ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

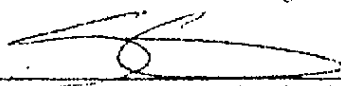
Person _____

☐ 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

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **YES& COMPANIES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/06/2013, and is in good standing in this state.

2022
AUG
16
PM 4:18



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202208152925927

You may verify this certificate
online at <http://www.nvsos.gov>