

MA20000/0955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

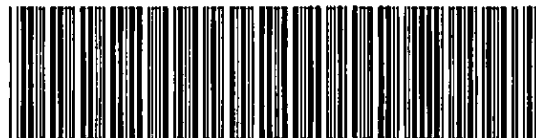
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/18/22--0101F--002 \$4125.00

FILED
2022 AUG 16 PM 5:01
T. LEMIEUX
AUG 18 2022

T. LEMIEUX
AUG 18 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

THG RENTALS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mary Jo Studer-Cwik

Name of Person

Eberhart Capital, LLC

Firm/Company

410 17th Street, Suite 1380

Address

Denver, CO 80202

City/State and Zip Code

mstuderewik@eberhartcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marv Jo Studer-Cwik

480

426-8710

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

IN COMPLYING WITH SECTION 90222, FORTH AS IT STANDS, THE FOLLOWING IS A SUMMARY OF THE INFORMATION AVAILABLE TO THE PUBLIC CONCERNING THE INVESTIGATION OF THE SUSPECTS IN THE STATE OF FORTH.

[illegible]

(Note: In a binomial test, the probability of a particular outcome is 0.5^n , where n is the number of trials. In this case, $n = 1$, so the probability of a particular outcome is $0.5^1 = 0.5$.)

DLNVER, CO 80202

DLNVER, CO 80202

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

Flaxhatchee

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.

Lesley Gonzalez Lesley Gonzalez on behalf of InCorp Services, Inc.
 (Printed Agent's Signature)

FILED
2022 AUG 16 PM 5:02
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
19

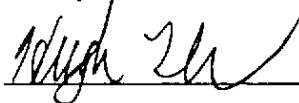
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>DAN EBERHART</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>17207 N Perimeter Dr., 120</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SCOTTSDALE, AZ 85255</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

HUGH LEHR

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

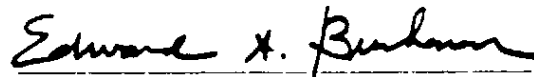
THG RENTALS LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 7, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001134950**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of August, 2022 at 11:26 AM. This certificate is assigned ID Number 054369531.




Secretary of State