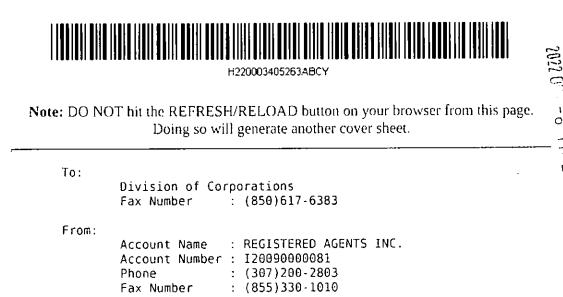
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000340526 3)))



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

Email Address:__

Foreign Limited Liability Company Tribal DM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

S. FRANKLIN DOT 07 2022

Electronic Filing Menu Corporate Filing Menu

Help

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: , Tribal DM, LLC

Oklahoma Survisherian under the law of which foreign limited flability company is organized)		3. 920554905 (FET number, (Capplicable)	
	Date first transacted business in Florida, if prior to re (See sections 605,0904 & 705,0905, F.S. to determine	gistration, i penalty liability)	
7901 4th St	N STE 300	6. 7901 4th St N STE 300	~
Address of Principal Office)		(Mailing Address)	17.2
St. Petersbi	urg FL 33702	St. Petersburg FL 33702	122 n 1
			φ. 1
			7.
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	5: 13
Name:	Northwest Registered Age	ent LLC	
Office Address:	7901 4th St N STE 300		
Office Address.		33702	
Office Address.	St. Petersburg	Florida 33702	

Ton Glove (Registered agent's signature)

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Victor Young Name: Lewis Howard □ Manager □Manager 7901 4th St N STE 300 Address: 7901 4th St N STE 300 X Member **⊠**Member St. Petersburg FL 33702 St. Petersburg FL 33702 □ Authorized Authorized Person Person □Other____ □Other_____ Other □Other Name: Dr Belinda Bentley □Manager Address: 9721 CREST DR Address: **⊠**Member □ Member MIDWEST CITY OK 73130-6435 □ Authorized □ Authorized Person Person □Other___ □Other_____ □Other _____ □Other Name: □ Manager Name: □Manager Address: _________ Address: ☐Member ☐ Member □ 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 tiling 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 Morgan Noble

Typed or printed name of signee



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, 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 TRIBAL, DM, LLC whose registered agent is NORTHWEST REGISTERED AGENT, LLC, with its registered office at 9905 S PENNSYLVANIA AVE STE A OKLAHOMA CITY 73159 USA Oklahoma is a Domestic Limited Liability Company 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 hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>3rd</u>, day of <u>October</u>, 2022.

Secretary Of State

Pouin Bugin