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|               | Division of Corporations       |                |       |
|               | Fax Number : (850)617-6383     |                | 20    |
| From          | •                              |                | U     |
| 110111        | . Account Name : REGISTERED AG | ENTS INC.      |       |
|               | Account Number : I20090000081  |                | ĸ     |
|               | Phone : (307)200-2803          |                |       |
|               | Fax Number : (855)330-1016     | 1              | K. 63 |
| <u>-</u><br>- | Foreign Limited Lia            | bility Company |       |
| <u>.</u>      | Witlon Project Man             | • •            |       |
| 5             |                                |                |       |
| 0 1 1 0 2 282 | Certificate of Status          | 0              |       |
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## 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:

| ime unavailable, enter alternate n              | iame adopted for the purpose of transacting business in F  | lorida. The alternate name must include "Limited Liability Con   | npany," "L.E. C," or "I. L |
|---|--|--|----------------------------|
| Oklahoma  |  | <sub>3.</sub> 30-0809133   |                            |
| (Jurisdiction under the law of w                | hich foreign limited liability company is organized)   | (FEI number, if apple  | able)                      |
|   | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determ | registration )   |                            |
| 2373 Central Pari                               | ,  | 6. 2373 Central Park Blvd. St  | uite 100 <sub>≥</sub>      |
| et Address of Principal Office)                 | <del></del>  | (Mailing Address)  | <del>- 12</del>            |
| Denver CO 80238                                 |  | Denver CO 80238  |                            |
|   | <del></del>  |  | Э<br>Т                     |
| Name and <u>street addres</u>                   | s of Florida registered agent: (P.O. Box   | ( <u>NOT</u> acceptable)   | F: 12: 03                  |
| Name:   | Registered Agents Inc  |  |                            |
| Office Address:                                 | 7901 4th St N STE 300  |  |                            |
|   | St. Petersburg   | . Florida 33702  |                            |
|   | (City)   | (Zip code)   |                            |
| ignated in this applica comply with the provisi | gistered agent and to accept service of<br>tion, I hereby accept the appointment a                           | process for the above stated limited liability<br>is registered agent and agree to act in this c<br>r and complete performance of my duties, a | apacity. I furthe          |
|   | Becken   |  |                            |
|   | (Registered agent's  | slam aftern)   |                            |

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: Nicholas Murer □ Manager □Manager Name: Address: **X**Member □ Member Address: \_\_\_\_\_ 2373 Central Park Blvd, Suite 100 □ Authorized □ Authorized Denver CO 80238 Person Person □Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Other\_\_ Name: Name: □ Manager □ Manager Address: Address: □Member □Member □ 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. 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

Typed or printed name of signee

Riley Park



## 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 <u>WITLON PROJECT MANAGEMENT, LLC</u> whose registered agent is <u>JAMI HAMILTON</u>, with its registered office at <u>16909 COUNTY ROAD 1580 ADA 74820 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 hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>20th</u>, day of <u>October</u>, <u>2022</u>.

Secretary Of State

Pouin Bugin