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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 : (877)919-2613 Fax Number

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

Email Address: EFH.E1234@INCFH.E.COM

Foreign Limited Liability Company FIRST STEP CONSULTING LLC

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COVER LETTER

| NID IPOT. | | T STEP CONSULTE | NG LLC | | | |
|--------------------------------|---|--------------------------|--|--|--|--|
| SUBJECT: , | CT: Name of Limited Liability Company | | | | | |
| The enclosed Existence, and | "Application by Foreign Limited Liability C d check are submitted to register the above re | ompany for Authorization | ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida | | | |
| Please return | all correspondence concerning this matter to | the following: | | | | |
| | LOVETTE DOBSON | | | | | |
| | | Name of Person | | | | |
| | | Firm/Company | | | | |
| | 17350 STATE HWY 249 #220 | | | | | |
| | | Address | | | | |
| | HOUSTON, TX 77064 | | | | | |
| | Ci | ty/State and Zip Code | | | | |
| | EFILE1234@INCFILE.COM | | | | | |
| | E-mail address; (to be | used for future annua | Treport notification) | | | |
| For further in | formation concerning this matter, please call | l: | | | | |
| 1.01 | VETTE DOBSON | 1 at (| 888-462-3453 | | | |
| | Name of Contact Person | Area Code | Daytime Telephone Number | | | |
| Divi Regi P.O. | ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, F1, 32301 | | | |
| Encl Plan | osed is a check for the following amount: se make check payable to: FLORIDA DEP. | ARTMENT OF STA | TE | | | |
| | \$125.00 Filing Fee S130.00 Filing F | °ee & □ \$155.00 | D Filing Fee & S160.00 Filing Fee, Certification of Status & Certified Copy | | | |

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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:

| (Name of Foreign | TING LLC Limited Liability Company; must include "Limited Liabili | ty Company, ""L.L.C.," or " | LLC,") | | | *** | |
|-------------------------------------|--|---|-------------|-------------|---------------------|----------|--|
| QUALITY FIRST STEP | | | | | | | |
| name unavailable, enter alternate r | ame adopted for the purpose of transacting business in Florids. The | alternate name must melude "Lim | nted Labili | ту Соптрал | y." "L L.C | or "LL | |
| Colorado | 3 | | | | | | |
| (Jurisdiction under the law of w | hich foreign bouted liability company is organized) | ı (F | El number. | if applical | ole) | | |
| | | | | | | | |
| | (Date first transacted business in Florida, if prior to registrate (See sections 605 0904 & 605 6005, F.S. to determine petally | n) (linhday) | - | | | | |
| 18425 Nalle Rd | | 18.125 Nolle Rd | | | | | |
| (Street Address of | Principal Office) 6. | (Mail | ing Address | <u>,)</u> | | | |
| North Fort Myers , FL | 33917 | North Fort Myers : FI | . 33917 | | | | |
| | | *************************************** | | | | | |
| | | | | | | | |
| | | | 3 | | 202 | | |
| Name and street address | is of Florida registered agent: (P.O. Box NOT | acceptable) | | | 30 (| | |
| | | | | | 2022 OCT 24 AM | η | |
| Name: | LEGALINC CORPORATE SERVICES INC | | | 4 | ±_ | <u> </u> | |
| | 476 RIVERSIDE AVE | | | | | | |
| Office Address: | | | | 뫈 | رق ري | | |
| Chrice Address. | | | | (2) = | ⊕ | | |
| Office Address. | JACKSONVILLE (Cay) | 3220 , Florida | 2 | • | | | |

| 8. For initial index manage [up to six (C | ing purposes, list names, title or capacity and addr o) total]; | resses of the primary n | iembers/manaș | gers or persons authorized to |
|--|---|--|---|---|
| Title or Capacity: | Name and Address: | Title or Capacity: | | Name and Address: |
| Manager | Name: Jacob Blancett | Manager | Name: | |
| Member | Address: | Member | Address: | |
| Nuthorized | Saint Peters, MO 63376 | Authorized | | |
| Person | | Person | | |
| Other | Other | Other | | Other |
| ∭Manager | Name: | ■ Manager | Name: | |
| Member | Address: | ☐ Member | Address: | |
| □Authorized | | Authorized | | |
| Person | | Person | | |
| Other | Other | Other | | Other |
| ∏Manager | Name: | Manager | Name: | |
| Member | Address. | ☐ Member | Address: | |
| Authorized | | Authorized | • | |
| Person | | Person | | |
| Other | Other | Other | · | Other |
| 9. Attached is a cert jurisdiction under the of the translator must 10. This document is | s executed in accordance with section 605.0203 (1 nent to the Department of State constitutes a third | da Department of State is authenticated by the in a foreign language (b), Florida Statutes. | Annual Repo official having a translation | rt form. g custody of records in the of the certificate under oath at any false information |
| | Lyped or prin | sted name of signer | | _ |

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

FIRST STEP CONSULTING LLC

is a

Limited Liability Company

formed or registered on 06/29/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211606511.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/19/2022 that have been posted, and by documents delivered to this office electronically through 10/21/2022 @ 08:59:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/21/2022 @ 08:59:51 in accordance with applicable law. This certificate is assigned Confirmation Number 14403729



Secretary of State of the State of Colorado

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Sofice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, intps//www.coloradosos.gov/bz/CertificateSearchCraecia do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit on website, https://www.coloradosos.gov/click//Businesses, trademarks, trade names// and select//Frequently Asked Questions//