

12/6/22, 8:04 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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
Brassica Wyoming Solutions LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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K. Brumble

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December 7, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: BRASSICA WYOMING SOLUTIONS LLC
REF: W22000150354

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page of the document was not included.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H22000409925
Letter Number: 022A00027125

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

IN COMPLIANCE WITH SECTION 095.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Brassica Wyoming Solutions LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP.")

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

2. Wyoming
(Jurisdiction under the laws of which foreign limited liability company is organized.)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 to 605.0905, F.S., to determine penalty liability.)

5. (Street Address of Principal Office)

3040 Post Oak Boulevard, Ste 1300-165

Houston, TX, 77056

6. (Mailing Address)

3040 Post Oak Boulevard, Ste 1300-165

Houston, TX, 77056

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

Name. LEGALINC CORPORATE SERVICES INC

Office Address 476 Riverside Ave

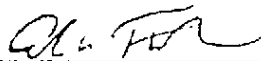
Jacksonville

(City)

Florida 32202
(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.


(Registered agent's signature)

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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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 type="checkbox"/> Manager	Name: Brassica Technologies Inc	<input type="checkbox"/> Manager	Name
<input checked="" type="checkbox"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized	3040 Post Oak Boulevard, Ste 1800-165,	<input type="checkbox"/> Authorized	
Person	Houston, TX, 77056	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
<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

Charles Thompson

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Brassica Wyoming Solutions LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 16, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001161091**.

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 6th day of December, 2022 at 5:12 AM. This certificate is assigned ID Number 056906221.



A handwritten signature in black ink, reading "Karl T. Allred", written over a horizontal line.

Secretary of State