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S. FRANKLIN DEC 13 2022

COVER LETTER

L JECT:	akeland Dragon LLC		
JEC1:	Nam	ne of Limited Liability Company	
enclosed ", tence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busin	' Certificate o ness in Florid
se return al	l correspondence concerning this matter	to the following:	
	Connie Godfrey		
		Name of Person	
	Lakeland Dragon LLC		
		Firm/Company	
	2468 S HWY 89 STE	B5	
		Address	
	Woods Cross, UT 84	087	<u></u>
		City/State and Zip Code	
	TS.lakeland@gmail.cor	n	: - :
	E-mail address: (to b	e used for future annual report notification)	<i>ယ</i>
further info	rmation concerning this matter, please ca	all:	:
Co	nnie Godfrey	at 385 289-9189	-F F: F C3
-	Name of Contact Person	Area Code Daytime Telephone Number	0,
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	sed is a check for the following amount: make check payable to: FLORIDA DE 25.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🖫 \$160.00 Filing Fee,	

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA

	JOH LLC		
(Same of Poreig	ON LLC in Limited Elability Company; must include "Limite	ed Liability Company," "L L C ," or "LLC")	
		lorida. The alternate name must include "Limited Liability Company," "L.L.C."	" 01 "LLC ")
Uto	which foreign immed liability company is organized)	_{3.} 92-0972569	
(Inrediction under the law of	which foreign immed liability company is organized)	(FEI number, if applicable)	
11/21/2022			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration) une penalty liability)	
3958 S Flo	rida Avenue		
ect Address of Principal Office)		6. 2468 S HWY 89 STE B5 (Mailing Address)	 -
Lakeland, FL	_ 33813	Woods Cross, UT 84087	د ب
			<u> </u>
			
Managara I a la l			 ر ن
Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NQT</u> acceptable)	
	Posistored Asenta Inc		
Name;	Registered Agents Inc		
Name: Office Address:	Registered Agents Inc 7901 4th St N STE 300		
·			
·	7901 4th St N STE 300	Florida 33702 (Zip code)	
Office Address gistered agent's accepting been named as resignated in this applicationally with the provisi	7901 4th St N STE 300 St. Petersburg (City) stance: gistered agent and to accept service of p. tion, I hereby accept the appointment as	. Florida 33702 (Zip code) rocess for the above stated limited liability company at registered agent and agree to act in this capacity. I fu and complete performance of my duties, and I am fami	
Office Address gistered agent's accepting been named as re- ignated in this applica- comply with the provisi	7901 4th St N STE 300 St. Petersburg (City) stance: gistered agent and to accept service of p. tion, I hereby accept the appointment as ions of all statutes relative to the proper.	rocess for the above stated limited liability company at	

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: Name: Angela Amundsen Name: Christopher Amundsen □Manager ■ Manager Address: _ Address: 2468 S HWY 89 STE B5 **⊠**Member X Member Woods Cross, UT 84087 Woods Cross, UT 84087 □ Authorized □ Authorized Person Person Other _____ □Other □Other □Other Name: Connie Godfrey □Manager □Manager Name: Address: 2468 S HWY 89 STE B5 □Member □Member Address: Woods Cross, UT 84087 ☑ Authorized □ Authorized Person Person □Other □Other_ □Other____ □Other__ □ Manager □Manager □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.

Christopher Amundsen



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

12/12/2022 13113808-016012122022-28029

CERTIFICATE OF EXISTENCE

Registration Number:

Rusings No...

Business Name:

Registered Date: Entity Type:

Status:

13113808-0160

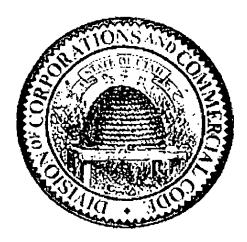
LAKELAND DRAGON LLC

November 08, 2022

LLC - Domestic

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



& Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code