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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
d Copies Certificates of Status
- Unaturable to Filling Office
al Instructions to Filing Officer:

Office Use Only



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TLAHASSEE, FLORIS

T. LEIMIZUX

JAN 18 2023

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Heart 6 Ranch Name o	f Limited Liability Company
	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	ne following:
Frank Chap	Mame of Person
Heart 6 Ran	Firm/Company
16985 Buffalo V	Address
Moran, Wyoning City	83013 State and Zip Code
Frank @ COVESO E-mail address: (to be us	Y 15. COM sed for future annual report notification)
For further information concerning this matter, please call:	
Frank Chapman Name of Contact Person	at (<u>561</u>) <u>901 5154</u> Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
Landhassee, Fr. 52514	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$\Boxed{\subseteq}\$\$ \$\$125.00 Filing Fee \$\$\$\$ Certificate of \$\$\$\$\$\$	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certificate



December 9, 2022

FRANK CHAPMAN P.O. BOX 70 MORAN, WY 83013

SUBJECT: HEART 6 RANCH LLC Ref. Number: W22000151888

We have received your document for HEART 6 RANCH LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$72.50 due.

The document you are trying to file is for a Foreign Corporation not a Foreign LLC. I am sending you the correct form to fill out and file with this office.,

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.

Letter Number: 322A00027418

Tracy L Lemieux Regulatory Specialist II

11.

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

(Name of Foreign	Limited Liability Comp	Sany; must include "Limited	Liability Company	"," "L.L.C" or "LLC.")	
me unavadable, enter alternate	name adopted for the purpo-	se of transacting business in Flo	orida. The alternate nai	ne must include "Limited	Liabihty Compa	any," "L.L.C," or "LLC
(Jurisdiction under the layor)	which foreign lamited liability	y company is organized)	3. <u>81</u>	- 277863.	8 nber, if applicab	ole)
· ·						
	(Date first transacted (See sections 605.09)	business in Florida, if prior to r 04 & 605,0905, F.S. to determin	egistration.) ne penalty liability)			
16985 Buffal Address of Principal Office)	la Valley R	and	6. P.O.	Box 70, H	10/an . h	Jv. 83013
Address of Principal Office)	, , , , , , , , , , , , , , , , , , , 		(Mai	iling Address)		*/ + • • • • • • • • • • • • • • • • • •
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Movan, hy,	83013					
Movan, hy,	83013					
		ered agent: (P.O. Box	NOT acceptable	le)		2023
	ss of Florida registe	ered agent: (P.O. Box	,	le)		2023 LAN
	ss of Florida registe	ered agent: (P.O. Box	,	le)	Ti.	2023 JAN 1 0
Name and street addre	ss of Florida registe Frank 4720 S	ered agent: (P.O. Box Chapman Ocean Boula	lard		- - 1	2023 JAN 10 PM
Name:	ss of Florida registe Frank 4720 S	ered agent: (P.O. Box Chapman Ocean Boula	lard		1.2	0169
Name and street addre	ss of Florida registe Frank 4720 S	ered agent: (P.O. Box	lard		To the section	18 H4 0 1 HV2

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: Frank Chapman √Manager Name: _____ □Manager Address: P.O. Box 70, Moran, Address: □Member ☐ Member Wy, 83013 ☐ Authorized ☐ Authorized Person Person □Other ____ □Other_____ □Other_____ □Other____ 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 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. Frank Chaptan
Typed or printed name of signee

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,

Heart 6 Ranch LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 24, 2016** with a delayed effective date of May 25, 2016, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000715707**.

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 21st day of November, 2022 at 11:05 AM. This certificate is assigned ID Number 056605617.

Secretary of State

Hal Talla

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.