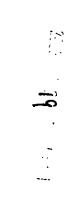
M2300000680

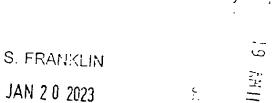
(Requestor's Name)	
(Address)	
(Áddress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
ed Copies Certificates of Status	 -
c al Instructions to Filing Officer	
	į
Office Use Only	



300398240053



01/19/23--01002--025 **125.00



CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		VV LALJEE II V	
	PICK U	P: <u>MISTY 1/19</u>	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	FOREIGN LLC	
1.	PRNONDEMAND, LLC		
	(CORPORATE NAME AND DOCUMEN'	Γ#)	
2.			
	(CORPORATE NAME AND DOCUMENT	Γ#)	
3.	(CORPORATE NAME AND DOCUMENT	Γ#)	•
1	(CORPORATE NAME AND DOCUMENT	Γ#)	
5. _			
ó.	(CORPORATE NAME AND DOCUMENT	[#)	
-	(CORPORATE NAME AND DOCUMENT	`#)	
SPECIAI INSTRUC	CTIONS:		
		·	

COVER LETTER

Name of Limited Liability Company e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certification, and check are submitted to register the above referenced foreign limited liability company to transact business in ease return all correspondence concerning this matter to the following: Brittany Hansen Name of Person Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification)	BJECT:	RNONDEMAND, LLC		
stence, and check are submitted to register the above referenced foreign limited liability company to transact business in ase return all correspondence concerning this matter to the following: Brittany Hansen		Nam	e of Limited Liability Company	-
Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Name of Contact Person Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	enclosed " stence, 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 busi	" Certifi ness in !
Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	ise return a	I correspondence concerning this matter t	to the following:	
Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Brittany Hansen Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Austin, TX 78735 Experiment to the following amount: Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		Brittany Hansen		
Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:			Name of Person	
Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		Registered Agent Solutions, Inc.		
Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen 888 7057274 at				
Address Austin, TX 78735 City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen 888 7057274 at		5301 Southwest Parkway, Suite 400		
City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: City/State and Zip Code Jeff@prnondemand.com 888 7057274 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32303 Enclosed is a check for the following amount:			Address	
City/State and Zip Code jeff@prnondemand.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen 888		Auctin TV 78725		
E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Registration for future annual report notification) 888 7057274 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brittany Hansen Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: E-mail address: (to be used for future annual report notification) 888 7057274 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations Pivision of Corporations The Centre of Tallahassee Tallahassee, FL 32314 Enclosed is a check for the following amount:			ity/state and Zip Code	-
Further information concerning this matter, please call: Brittany Hansen		•	used for future annual report actification)	 عب
Brittany Hansen	further info	·	•	
Name of Contact Person Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Tallahassee Tallahassee Tallahassee, FL 32303 Area Code Daytime Telephone Number			и.	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Britta	ny Hansen	_	-
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Name of Contact Person	Area Code Daytime Telephone Number	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount:			-	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:			*	
Tallahassee, FL 32303 Enclosed is a check for the following amount:				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE		,		
Please make check payable to: FLORIDA DEPARTMENT OF STATE				
■ \$125.00 Filing Fee	Enclos	ed is a check for the following amount:		

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:

ame unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	da. The alternate name must include "Limited Liability Corr	pany," "L.L.C," or "L
Utah		82-4061249	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if applie	able)
	(Date first transacted business in Florids, if order to re-	vistration)	
CEAR NOT ANDREADU	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine		
6543 N LANDMARK et Address of Principal Office)	כאטויד אער	6543 N LANDMARK DR #1085 6. (Mailing Address)	
PARK CITY, UT 8409	98	PARK CITY, UT 84098	
			*,
			ŧ
Name and street addres Name:	ss of Florida registered agent: (P.O. Box] Registered Agent Solutions, Inc.	NOT acceptable)	- - -
Office Address:	155 Office Plaza Dr. Suite A		
	Tallahassee	32301 , Florida	
		(Zip code)	

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: _____ ■ Manager ■ Manager Address: _ 6543 N LANDMARK DR 6543 N LANDMARK DR □ Member □Member #1085 #1085 ☐ Authorized ☐ Authorized PARK CITY, UT 84098 PARK CITY, UT 84098 Person Person □Other □Other_ □Other_ □ Other Name: _____ Jeff Blanchard CTO Manager □Manager Name: 6543 N LANDMARK DR ☐ Member □Member Address: #1085 □ Authorized ☐ Authorized PARK CITY, UT 84098 Person Person □Other Other □Other Name: _____ □Manager ☐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. Ex Bhunl 1-19-2023 Signature of an authorized person Jeff Blanchard

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, P() 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

01/19/2023 10346776-016001192023-624558

CERTIFICATE OF EXISTENCE

Registration Number:

10346776-0160

Business Name:

PRNONDEMAND, LLC

Registered Date:

April 20, 2017

Entity Type:

LLC - Domestic

Status:

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.



L'Weillette

Leigh Veillette Director

Division of Corporations and Commercial Code