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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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│ Special Instructions to Filing Officer: │
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Office Use Only
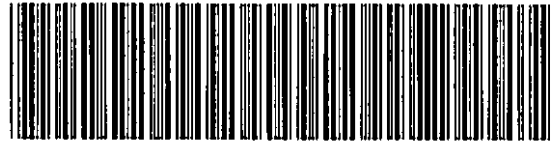
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Rocky Mountain Food Service Mgmt LLC
_____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Lamb
_____
Name of Person

Rocky Mountain Food Service Mgmt LLC
_____
Firm/Company

1432 2nd Ave S
_____
Address

Naples FL 34102
_____
City/State and Zip Code

scox@pacstarfinancial.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lamb
_____ at (___303___) __378-3886__
Name of Contact Person   Area Code   Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

■ $125.00 Filing Fee ☐ $130.00 Filing Fee & ☐ $155.00 Filing Fee & ☐ $160.00 Filing Fee, Certificate
                        Certificate of Status   Certified Copy   of Status & Certified Copy

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:

1. Rocky Mountain Food Service Mgmt LLC
   (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Colorado
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. 74-3038916
   (FEI number, if applicable)

4. 01/01/2023
   (Date first transacted business in Florida, if prior to registration.)
   (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1432 2nd Ave S
   (Street Address of Principal Office)

   Naples FL 34102

6. PO Box 2527
   (Mailing Address)

   Olympia WA 98507-2527

7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)

   Name: Michael Lamb

   Office Address: 1432 2nd Ave S

   Naples
   (City)
   . Florida 34102
   (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.
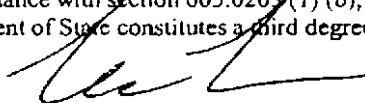
(Registered agent's signature)

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:**

☑ Manager   Name: Michael Lamb

☐ Member   Address: 1432 2nd Ave S

☐ Authorized   Naples FL 34102

Person   _____

☐ Other_____   ☐ Other_____

☐ Manager   Name: Donna Lamb

☑ Member   Address: 1432 2nd Ave S

☐ Authorized   Naples FL 34102

Person   _____

☐ Other_____   ☐ Other_____

☐ Manager   Name: _____

☐ Member   Address: _____

☐ Authorized   _____

Person   _____

☐ Other_____   ☐ Other_____

☐ Manager   Name: _____

☐ Member   Address: _____

☐ Authorized   _____

Person   _____

☐ Other_____   ☐ Other_____

☐ Manager   Name: _____

☐ Member   Address: _____

☐ Authorized   _____

Person   _____

☐ Other_____   ☐ Other_____

☐ Manager   Name: _____

☐ Member   Address: _____

☐ Authorized   _____

Person   _____

☐ Other_____   ☐ 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

Michael Lamb
_____

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,

ROCKY MOUNTAIN FOOD SERVICE MANAGEMENT, LLC

is a

Limited Liability Company

formed or registered on 03/12/2002 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 20021060006 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/19/2022 that have been posted, and by documents delivered to this office electronically through 12/21/2022 @ 14:17:56 .

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 12/21/2022 @ 14:17:56 in accordance with applicable law. This certificate is assigned Confirmation Number 14552469 .

Secretary of State of the State of Colorado