

MA3000000736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

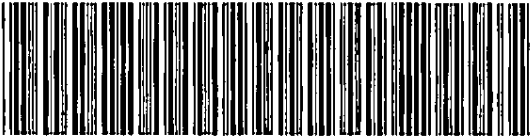
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400399284414

01/03/23--01029--011 **125.00

2023 JAN -3 PM 6:39

JAN 20 2023

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. Blue Mountain Holdings, LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

Blue MH, 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. Oregon
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0745778
(FEI number, if applicable)

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

5. 3753 Howard Hughes Parkway
(Street Address of Principal Office)

6. 8375 SW Beaverton-Hillsdale Highway
(Mailing Address)

Suite 200-728

Suite 200

Las Vegas, NV 89169

Portland, OR 97225

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

Name: Campbell Kidd

Office Address: 16255 Allura Circle, Unit 3318

Naples, FL
(City)

Florida 34110
(Zip code)

2023 JAN -3 PM 6:39
LLC

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:**
 Manager Name: Mike Parthasarathy
 Member Address: 8375 SW Beaverton-Hillsdale
 Authorized Highway, Suite 200, Portland, OR
Person 97225
 Other _____ Other _____

Manager Name: Robert Barnett
 Member Address: 8375 SW Beaverton-Hillsdale
 Authorized Highway, Suite 200, Portland, OR
Person 97225
 Other _____ Other _____

Manager Name: Kevin Kidd
 Member Address: 8375 SW Beaverton-Hillsdale
 Authorized Highway, Suite 200, Portland, OR
Person 97225
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: Campbell Kidd
 Member Address: 8375 SW Beaverton-Hillsdale
 Authorized Highway, Suite 200, Portland, OR
Person 97225
 Other _____ Other _____

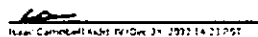
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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.


Name: Campbell Kidd File No: 2012-14-21297

Signature of an authorized person

Campbell Kidd, VP of Red Hills Holdings, LLC, Manager of Blue MH, LLC

Typed or printed name of signee

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 406371

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

BLUE MOUNTAIN HOLDINGS LLC

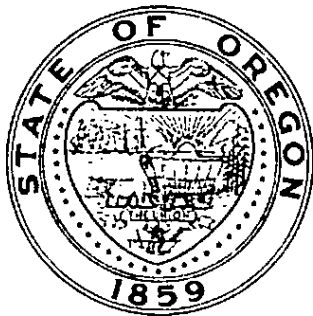
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 12/11/2022



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.