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TO:	Registration Section Division of Corporations		
SUBJI	Blue Mountain Holdings, LLC		
		Limited Liability Company	
		mpany for Authorization to Transact Business in Florida," Certificate of crenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this matter to the	ne following:	
	Xander Jensen		
		Name of Person	
Red Hills Holdings. LLC			
Firm/Company		Firm/Company	
8375 SW Beaverton-Hillsdale Highway, Suite 200		Suite 200	
Address		Address	
	Portland, OR 97225		
	City/	State and Zip Code	
	mikep@redhillsholdings.com		
	E-mail address: (to be us	ed for future annual report notification)	
For fur	ther information concerning this matter, please call:		
	Xander Jensen	503 465-5735 at ()	
	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 DEPAR \$\Bigsir \\$125.00 \text{ Filing Fee} \Bigsir \\$130.00 \text{ Filing Fee} & Certificate of S	\$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$160.00 Filing Fee. Certificate	

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 Holding	s, LLC Limited Liability Company; must include "Limited		English and I am and I am
Blue MH, LLC	Limited Liability Company, must include "Limited	тлаоше	my Company, T.T.C., of T.J.C.
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The	he alternate name must include "Limited Liability Company," "L L.C," or "LL-
Oregon 2		2	82-0745778 3
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٠.	(F1:1 number, if applicable)
4			
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determi	registration ne penalty	tion.) ilty hability)
3753 Howard Hughes 5. (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	s of Florida registered agent: (P.O. Box	NOT:	
Name:	Campbell Kidd		2023 JAN :
Office Address:	16255 Allura Circle, Unit 3318	_	
	Naples, FL		34110 🚉 🙃
	(City)		(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.

Total Control of the Print of the State of t		
	(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:	<u>Title or Capacity:</u>	Name and Address:
■Manager	Name: Mike Parthasarathy	■Manager	Name: Campbell Kidd
□Member	Address: 8375 SW Beaverton-Hillsdale	□Member	Address: 8375 SW Beaverton-Hillsdale
□Authorized	Highway, Suite 200, Portland, OR	□Authorized	Highway, Suite 200, Portland, OR
Person	97225	Person	97225
□Other	Other	□Other	Other
■Manager	Name:	□Manager	Name:
□Member	Address: 8375 SW Beaverton-Hillsdale	□Member	Address:
□Authorized	Highway, Suite 200, Portland, OR	□Authorized	
Person	97225	Person	*1
Other	Other	Other	Other
■Manager	Name: Kevin Kidd	□Manager	Name:
□Member	Address: 8375 SW Beaverton-Hillsdale	□Member	Address:
□Authorized	Highway, Suite 200, Portland, OR	□Authorized	
Person	97225	Person	<u> </u>
□Other	□Other	□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.

Nam Comptel (sales revious 24: 2702 (4:2702)	
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.

OF OR GOV

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

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 12/11/2022



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