# M2300000368/

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiliess Littly Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W23-2207					

Office Use Only



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#### COVER LETTER

FO: Registration Section Division of Corporations	
COMPOTER HOLDINGS, LLC DBA	Compotite
SUBJECT:	
, No. 10 10 10 10 10 10 10 10 10 10 10 10 10	Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liabil Existence, and check are submitted to register the about	by Company for Authorization to Transact Business in Florida," Certificate ove referenced foreign limited liability company to transact business in Flori
Please return all correspondence concerning this mate Brian Crandall	ter to the following:
	Name of Person
COMPOTITE HOLDINGS, LLC	
428 Shelley Ave	Firm/Company
	Address
Shelley, Idaho 83274	Authen
be crandall@gmail.com	City/State and Zip Code
E-ngil address: (i	to be used for future annual report notification)
For further information concerning this matter, please	e call:
Brooke crandall	208 403-2601
Name of Contact Person	Area Code Day time 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: <b>FLORIDA I</b> □ \$125.00 Filing Fee □ \$130.00 Filing Certification	DEPARTMENT OF STATE

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

·	· <u></u>			
n e univarbible, enter alternate na Joho	me adopted for the purpose of transacting business in Flo	kirida. The atternate name m 87-455135		Compuny," "E. I, (" Tiox " i
	wh fourier limited liability company is organized)	3	(FEI number, if ap	
Juras diction under the law of wh	k h loreign limited liability company is organized)		(FEI number, if ap	Licapic)
pnl 1, 2022				
	(Date First transacted business in Florida, if prior to (See sections 603 0904 & 603 0905, F.S. to determine	registration )		•
O Mooney Street	(LEC SATIONS DES DIGGE AC COS DESD), F.S. IN COMMI	428 Shelles	Ave	
Address of Principal Office)	-11-F	6(Mailing		<del></del>
irtow, Flonda 33830		Shelley Ida		
		•		
		<u></u>		
				2
				2023
ame and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		2023 #150
ame and street addres	s of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptable)		2023 MAR Z
		x <u>NOT</u> acceptable)		
Name and street address Name:	S of Florida registered agent: (P.O. Bos Thomas Gaige	x <u>NOT</u> acceptable)		2023 MAR 22 AN
Name:				
	Thomas Gaige			77 BH 3.3
Name:	Thomas Gaige	St.	londa <u>-{{}}</u>	22 AN 3

8. For initial indexing purposes, list names, tale 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: BRIAN CRANDALL	Title or Capacity:		Name and Address:
Manager	Name	□Manager	Name:	
■Member	428 Shelley ave Address Shelley Idaho 83274	DMember	Address	
Authorized	entity tuano 83274	□Authorized		
Person		Person		
Other		Other		TOther
DManager	Name	□Manager	Name:	
_Member	Address	□Member	Address	
_Authorized		□Authorized		
Person		Person		
T.Other		□Other		□Other
Dalamager	Name:	□Manager	Name.	
□Member	Address	□Member		
Authorized		□Authorized		
Person		Person		
TOther		⊒0(l\er		□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

BREAN CRANDALL

Exped or printed name of signee



## STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise ID 83720

December 20 2022

Request Type: Certificate of Existence/Filing

Request # 0005035290 Receipt # 000755453

Regarding: Compotite Holdings, LLC Filing Type

Limited Liability Company (D) Formation/Qualification Date: 01/21/2022

Status Active-Existing **Duration Term** 

Perpetual

Issuance Date: 12/20/2022

Copies Requested

File #

4578174

Verification #: 021346119

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### Compotite Holdings, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division