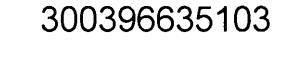
| (Requestor's Name)                      |                   |           |  |  |
|---|-------------------|-----------|--|--|
| (Address)                               |                   |           |  |  |
| (Ado                                    | dress)            |           |  |  |
| (City                                   | //State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu:                                    | siness Entity Nam | e)        |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | Certificates      | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   | 3-2M 2            | )         |  |  |
|   |                   |           |  |  |

Office Use Only



12.12/22--010\_1--014 \*\*55.:

11/01/22--01025--009 \*\*70.00

M. SOLOMON APR - 3 2023

### COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: PRODICH NU  | NTSU I LC   |                    |              |
|--|---|--------------------|--------------|
| Name of  | Limited Liability Company                                       | -                  |              |
| The enclosed "Application by Foreign Limited Liability Com<br>Existence, and check are submitted to register the above refer           |   |                    |              |
| Please return all correspondence concerning this matter to the   | e following:  |                    |              |
| THER CIFIFF  | الما  | _                  | •            |
| N  | ame of Person   |                    |              |
| PRODICY SIUST  | T5V   | _                  |              |
| F  | irm/Company   |                    |              |
| 930 WHITE TA   | Address   | _ ·,_              | 2023         |
|  | Address   | <u>12.</u> 32      |              |
| GUTHELE, OK  | 73044<br>State and Zip Code                                     | - 설립<br>- 설립       | R <b>₹ 9</b> |
|  |   | 36                 | -}           |
| E-mail address: (to be use   | DIGYS C. CMAIL. COM<br>d for future annual report notification) | SELECTION OF STATE | 17:<br>3(    |
| For further information concerning this matter, please call:   |   |                    |              |
| AMBER SILAMANOS  | at ( 405 ) SOI-1104  Area Code Daytime Telephone Number         | -                  |              |
| Name of Contact Person   | Area Code Daytime Telephone Number                              |                    |              |
| Mailing Address: Registration Section  | Street Address: Registration Section                            |                    |              |
| Division of Corporations P.O. Box 6327   | Division of Corporations The Centre of Tallahassee              |                    |              |
| Tallahassee, FL 32314  | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303          |                    |              |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAR'  \$125,00 Filing Fee \$130.00 Filing Fee & | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,                  |                    |              |
| Certificate of Sta   | atus Certified Copy of Status & Cer                             | titled Co          | ру           |

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

| PRODICY JULITSO 10 (Name of Foreign Limited Liability Company; must include "Limited")                       | C. C. S. Liability Company," "L.L.C.," or "LLC.")            | · <del>•</del>                |
|--|--|-------------------------------|
|  |  |                               |
| name unavailable, enter alternate name adopted for the purpose of transacting business in Fl                 | lorida. The alternate name must include "Limited Liability C | Company," "L.L.C," or "LLC.") |
| (Junisdiction under the law of which foreign limited liability company is organized)                         | 3. 81-1457 & (FEI number, if app                             | SZ.                           |
|  |  |                               |
| (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine | registration.) sinc penalty liability)                       |                               |
| 930 WHITE TAIL CT  | 6. 930 WHITE TAIL  | CT                            |
| GUTHELE, OK 73044  |  |                               |
|  | - VINETOR 1804   | <b>I</b>                      |
| <del></del>  | <del></del>  | 202                           |
| Name and street address of Florida registered agent: (P.O. Box   | NOT acceptable)  | 2023 HAR 29                   |
|  |  | 29                            |
|  |  |                               |
| Name: TILER GRIFPIN  |  | <u> </u>                      |
| Name: TILER GRIFFIN  Office Address: 415 N. RINGEWOOD  |  | MAR 29 MIZ: 30                |
| Office Address: 415 N. PINGEWOOD   |  | HAR 29 MIZ: 30                |

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 | <u>v:</u>   | Name and Address: |
|--------------------|----------------------------|-------------------|-------------|-------------------|
| <b>™</b> Manager   | Name: TYLER GRIPPIN        | □Manager          | Name:       |                   |
| □Member            | Address: 930 WHITE TAIL CT | □Member           | Address:    |                   |
| □Authorized        | CUTHELE OK 75044           | □Authorized       |             |                   |
| Person             |                            | Person            |             |                   |
| □Other             | Other                      | □Other            |             | Other             |
| □Manager           | Name:                      | □Manager          | Name:       |                   |
| □Member            | Address:                   | □Member           | Address:    | 202               |
| □Authorized        |                            | □Authorized       | <del></del> | د ت               |
| Person             |                            | Person            |             |                   |
| □Other             | Other                      | □Other            |             | Other             |
| □Manager           | Name:                      | □Manager          | Name:       | * 30              |
| □Member            | Address:                   | □Member           | Address:    |                   |
| □Authorized        |                            | □Authorized       |             |                   |
| Person             |                            | Person            | · · · · · · |                   |
| □Other             | Other                      | □Other            |             | □ Other           |

<u>Important Notice</u>. 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

Typed or printed name of signee

### OFFICE OF THE SECRETARY OF STATE



# CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>PRODIGY JIUJITSULLC</u> whose registered agent is <u>TYLER FORD GRIFFIN</u>, with its registered office at <u>930 WHITE TAIL CT.</u> <u>GUTHRIE 73044 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>21st</u>, day of <u>March</u>, <u>2023</u>.

Secretary Of State

Polin Tologian





March 6, 2023

TYLER GRIFFIN PRODIGY JIUJITSU LLC 930 WHITE TAIL CT GUTHRIE, OK 73044

SUBJECT: PRODIGY JIUJITSU LLC

Ref. Number: W22000145623

We have received your document for PRODIGY JIUJITSU LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 523A00005213

STANTON H ROBERTS Regulatory Specialist III

www.sunbiz.org