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4/28/23, 12:07 PM Division of Corporations Elocidal Department of State Division of Corporations Electronic Filing Cover Sheet	56	10
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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Email Address:		2023 AP	
	Foreign Limited Liability C Long Range Services I	• •	APR 28 PH	
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Corporate Filing Menu

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Help

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

IN COMPLIANCE WITH SECTION (050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If name analytic entry alternate name adopted for the purpose of transacting business in Florida. The alternate name must actuale "Linited Liability Company." "L.L.C." or "List".         2. Oregon       3.         (Date direct integrate initial hability company is organized)       3.         4.       (Date direct integrate limited hability company is organized)         5. 7901 4th St N STE 300       6. 9450 SW Germini Dr 94480         (Street Address of Principal Offlee)       (Date direct integrate direct in tegrations)         St. Petersburg, FL 33702       Beaverton, OR 97008         7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)       Street Address: <u>7901 4th St N STE 300</u> Name:       Registered Agents Inc       NAME         Orflice Address:       7901 4th St N STE 300       Street Agents Inc	1. Long Range Ser (Name of Foreign	VICES LLC n Limited Liability Company; must include "Limite	d Liability Company," "I	. I. C., " or "LLC ")		_
2. Oregon 3. (Eff number, it applicable) 4. (Date first transacted havines in Florida if prior to regentration 5. 7901 4th St N STE 300 6. 9450 SW Gemini Dr 94480 (Mailing Address) 5. Petersburg, FL 33702 6. Petersburg, FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street address of Florida registered agent (P.O. Box NOT acceptable) 7. Name and street a	-					
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4.	2. Oregon	hall from the late to be lite and a second second	3.	(h) Laurahar	it inclusions	
5. 7901 4th St N STE 300       6. 9450 SW Gemini Dr 94480         Istreet Address of Principal Office)       Mailing Address         St. Petersburg, FL 33702       Beaverton, OR 97008         7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)       St. Petersburg, FL 32702         Name:       Registered Agents Inc         Office Address:       7901 4th St N STE 300		woen oreign named nammely (onlying is estimated)		11 1.1 AUARCEL		
5. 7901 4th St N STE 300       6. 9450 SW Gemini Dr 94480         Istreet Address of Phoepal Office)         St. Petersburg, FL 33702         Beaverton, OR 97008         Office Address:         Name: Registered agent: (P.O. Box NOT acceptable)         Office Address: 7901 4th St N STE 300	4	(Date dirst transacted business in Florida, if prior to (See sections 605,0004 & 605,0605,1,8, to determ	registration ) (or renalty hability)			
St. Petersburg, FL 33702     Beaverton, OR 97008       7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)     Not acceptable)       Name:     Registered Agents Inc       Office Address:     7901 4th St N STE 300		FE 300	6. 9450 SW	/ Gemini Dr 94	1480	_
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)           Name:         Registered Agents Inc           Office Address:         7901 4th St N STE 300			· · · ·			
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Office Address: 7901 4th St N STE 300	Name:	Registered Agents Inc			2023 APR SECRE	٦
	Office Address:	7901 4th St N STE 300			28 HAS	
St. Petersburg		St. Petersburg	, Flo	rida <u>33702</u>	F STA EE. FL	

#### 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.

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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: Dakota Meyer	□Manager	Name: Steve Reichert
<b>X</b> Member	Address: 7901 4th St N STE 300	* Member	Address: 7901 4th St N STE 300
[] Authorized	St. Petersburg, FL 33702	□Authorized	St. Petersburg, FL 33702
Person		Person	
Other		COther	]Other
⊡Manager	Name: Dave Stark	□Manager	Name: William Perciballi
<b>X</b> Member	Address: 7901 4th St N STE 300	X Member	Address: 7901 4th St N STE 300
□Authorized	St. Petersburg, FL 33702	□Authorized	St. Petersburg, FL 33702
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name: Dan Linder	⊡Manager	Name:
XMember	Address: 7901 4th St N STE 300	DMember	Address:
□Authorized	St. Petersburg, FL 33702	□Authorized	
Person		Person	
[]Other		Other	[]Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Reburn Joney

Robin Jones Typed or printed came of signee

# State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

## **Certificate of Existence 1173376**

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

### LONG RANGE SERVICES 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.

SHEMIA FAGAN, SECRETARY OF STATE Issued Date: 4/27/2023



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