# M23000007764

Office Use Only



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06/97/23--01909--010 \*\*130.00



## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Raven Investments J. LLC	
		Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please n	eturn all correspondence concerning th	nis matter to the following:
	Kristi Mathewson	
		Name of Person
	Yeti Real Estate	
		Firm/Company
	166 Dow Lane	
		Address
	North Fort Myers, FL 3391	7
	**************************************	City/State and Zip Code
	Wyndell@Yetireo.com	
	E-mail add	lress: (to be used for future annual report notification)
For furtl	ner information concerning this matter	, please call:
	Kristi Mathewson	801 719-9943 at ( )
	Name of Contact Pe	
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### 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:

i name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The	afternate name must include "Limited Liability Company," "L.L.C
Utah		2	81-4783964
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3.	(FEI number, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	i.) liability)
Wyndell Pasch		۷.	Wyndell Pasch
reet Address of Principal Office)	<del> </del>	0.	(Mailing Address)
6532 South Liberty W	ay		6532 South Liberty Way
South Weber, UT 8444	05		South Weber, UT 84405
Name and street addre	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> :	acceptable)
	Kristi Mathewson		SECTIVE AND
Name:			Ír.
Name: Office Address:	166 Dow Lane		
	North Fort Myers	<u></u>	33917 CT (A) (Zip code)

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.

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: Wyndell Pasch Kristi Mathewson Name: □ Manager ■ Manager 6532 South Liberty Way 166 Dow Lane ≣Member Address: □Member Address: South Weber, UT 84405 North Fort Myers, FL 33917 □ Authorized □ Authorized Person Person Other\_\_\_\_ ☐Other\_\_\_\_\_ Other Other ☐Manager Name: □Manager Name: □Member Address: Address: □Member □ Authorized □ Authorized Person Person □Other\_\_\_ □Other\_\_ □Other\_\_\_ □ Other □Manager □Manager Name: Name: □ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person Other 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. Signature of an authorized person

Typed or printed name of signee

Kristi Mathewson



### **Utah Department of Commerce**

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toli Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utab.gov

04/04/2023 10186280-016011172020-381137

# CERTIFICATE OF EXISTENCE

Registration Number:

10186280-0160

Business Name:

RAVEN INVESTMENTS I, LLC

Registered Date: December 06, 2016

**Entity Type:** 

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code