**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

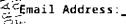
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future  $\mathcal{Q}_{\prec}$  annual report mailings. Enter only one email address please.\* $^*_{\leftarrow}$ 



## Foreign Limited Liability Company Wildflower Management Group LLC

|                       | <u> </u> |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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

IN COMPLIANCE WITH SECTION 6950502, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Wildflower Managemer  |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
| (Name of Foreign  | Limited Liability Company, most include "Limited  | Cability Company, "1, 1, C., or "LLC.           | 7                                      |  |  |  |
| ell name unavailable, enier alternate   | name adopted for the purpose of transacting business in Flo   | orida. The alternate name must include "Limited | Liability Company," "L.L.C," or "LLC") |  |  |  |
| 2. Delaware   |   | 3, 87-4456240                                   | 87-4456240                             |  |  |  |
| Charisdiction under the law of which foreign limited hability company is organized) |   | O Ed no   | the El number, if applicables          |  |  |  |
| 4   |   |   |  |  |  |  |
|   | (Date first transacted business in Florida, if prior to a<br>(See sections 60) 0904 & 605 0905, F.S. to determine | egistration )<br>ac penalty fiability)          |  |  |  |  |
| 7901 4th St N STE 300   |   | 7901 4th St N STE 300                           |  |  |  |  |
| (Street Address of Pincipal Office)   |   | 6. (Mailing Address)                            |  |  |  |  |
| St. Petersburg FL 33702   |   | St. Petersburg FL 33702                         |  |  |  |  |
|   |   |   | 2023<br>SE                             |  |  |  |
| 7. Name and street addres   | ss of Florida registered agent; (P.O. Box   | NOT acceptable)                                 | 2023 SEP 13 1<br>SECRETARY             |  |  |  |
| Name:   | Northwest Registered Agent LLC  |   | M 9: 46                                |  |  |  |
| Office Address.   | 7901 4th St N STE 300   |   | FATE 46                                |  |  |  |
|   | St. Petersburg  | , Florida 33702                                 |  |  |  |  |
|   | (City)  | (Zip code)                                      | <del></del> .                          |  |  |  |

## 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.

(Registered agent's signature)

To: 18506176383

From, Registered Agents Inc.

| Title or Capacity: | Name and Address:       | Title or Capacit        | <u>V:</u>     | Name and Address: |
|--------------------|-------------------------|-------------------------|---------------|-------------------|
| ∐Manager           | Name: Karen Fan         | □Manager                | Name:         | ···               |
| XMember            | Address.                | DMember                 | Addiess;      | · <del></del>     |
| □Authorized        | 7901 4th St N STE 300   | [ Authorized            | - <del></del> |                   |
| Person             | St. Petersburg FL 33702 | Person                  |               |                   |
| □Other             | Other                   | □ Other                 | <del></del>   | □Other            |
| ⊏Manager           | Nume:                   | l l Munager             | Name:         |                   |
| □Member            | Address:                | UMember                 | Address:      |                   |
| F-Authorized       |                         | <sup>—</sup> Authorized |               |                   |
| Person             |                         | Person                  |               | ·                 |
| □Other             | Cither                  | C.Other                 | <del></del>   | □Other            |
| L:Manager          | Name:                   | Manager                 | Name:         |                   |
| □Membei            | Address:                | □Member                 | Address:      |                   |
| □Authorized        |                         | □ Authorized            |               |                   |
| Person             |                         | Person                  |               |                   |
| E!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 tiling 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 jurisduction 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.817.185, F.S.

Why G. W. Signature of an authorized person Nat Smith

Typed or printed name of signee

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WILDFLOWER MANAGEMENT GROUP LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILDFLOWER MANAGEMENT GROUP LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corp delawate gov/authy

Authentication: 204153081

Date: 09-13-23