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Division of Corporations

Florida Department of State
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Foreign Limited Liability Company
MUNTANYENCS 4X4 LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	$130.00

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COVER LETTER (((H23000328812 3)))

TO: **Registration Section**
Division of Corporations

SUBJECT: MUNTANYENCS 4X4 LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON
Name of Person

Firm/Company

17350 STATE HWY 249 STE 220
Address

HOUSTON, TX 77064
City State and Zip Code

EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (1) 888-462-3453
Name of Contact Person — Area Code — Daytime 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: **FLORIDA DEPARTMENT OF STATE**

☐ $125.00 Filing Fee ☒ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

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

To comply with section 605.0902, Florida Statutes, the following is submitted to register a foreign limited liability company authorized to transact business in the State of Florida.

1. MUNTANYENCS 4X4 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

2. New Mexico
(State or jurisdiction where organized)

3. 38-4275845
(Federal Employer Identification Number (FEI/EIN), if applicable)

4. 4201 Sw 53rd Ct Apt #2
Davie, FL 33314
(Principal office address)

5. 4201 Sw 53rd Ct Apt #2
Davie, FL 33314
(Mailing address)

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TALLAHASSEE, FL

6. State and street address of Florida registered agent (P.O. Box NOT acceptable):

Name: Daniela Hart

Office Address: 4201 Sw 53rd Ct Apt #2

Davie, Florida 33314
(City) (Zip code)

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.

Daniela Hart
(Registered agent's signature)

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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 ☒ Member Authorized Person Other	Name Luis Napoleon Uribe Puerta Address 8206 LOUISIANA BLVD NE STE A #2115 ALBUQUERQUE, NM 87113 Other	Manager Member Authorized Person Other	Name Address: Other
Manager Member Authorized Person Other	Name Address Other	Manager Member Authorized Person Other	Name Address Other
Manager Member Authorized Person Other	Name Address Other	Manager Member Authorized Person Other	Name. Address 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.)

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.

Luis Napoleon Uribe Puerta
Signature of an authorized person

Luis Napoleon Uribe Puerta

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STATE OF NEW MEXICO

(((H23000328812 3)))

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

MUNTANYENCS 4X4 LLC

7275595

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act **53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on July 3, 2023, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. 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.

Certificate Issued: **September 18, 2023**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0080151

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at https://portal.sos.state.nm.us/bls/online and following the instructions displayed under **Certificate Validation**.