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## CT CORP

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

09/25/2023

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4:1 DW Acc#I20160000072 Clark Land Services, LLC Name: Document #: Order #: 15139134 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: Number of Certs: Filing: 🗸 Certified: 🗸 Email Address for Annual Report Notifications: Plain: COGS: Availability \_\_\_\_\_ 155.00 Amount: \$ Document \_\_\_\_ Examiner \_\_\_\_\_ Updater \_\_\_\_\_ Verifier \_\_\_\_\_ W.P. Verifier \_\_\_\_

Thank you!

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate t	name adopted for the purpose of transacting business in Flo	orida, Tho	e alternate name must include "Lim	ited Liability Compan	y." "ll(	C," or "L1.C.
Delaware 2.		3	84-1465782			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FE	number, if applicable	i	
8/7/2023						
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registratio ne penalty	on ) ly hability)			
1222 Vine Street, Suite 301		6	1222 Vine Street, Suite			
Street Address of Principal Office)		o.	(Mailing Address)			
Paso Robles. California	a 93446		Paso Robles, California	93446		
	·· <del>·</del>			20 Fee	202	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	_acceptable)		023 SEP 2	- بانت د
Name:	C T Corporation System				25 PM	AND E
Office Address:	1200 South Pine Island Road			2 Ch	6: 39	
			33324	•	_	

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.

David Westcott Assistant Secretary

(Registered agent's signature)

Benjamin Krick

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Pearce Services, LLC Name: □Manager □Manager Address: 1222 Vine St., Suite 301 □Member ■ Member Address: Paso Robles, CA 93446 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ Name: □Manager □Manager Address: □Member □ Member Address: ☐ Authorized □ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_\_\_ □Other \_\_\_\_ □ Other\_\_\_\_\_ Name: □ Manager Name: □Manager □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. Benjamin a Kink -59587CAF6E8A468 . Signature of an authorized person

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CLARK LAND SERVICES, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204226492

Date: 09-22-23