

## Florida Department of State

**M23000012576**

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 517-6383

## From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Account Number : 120210000107  
Phone : (813) 284-4727  
Fax Number : (813) 436-8460

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

Email Address: notices@venerable.law

Foreign Limited Liability Company  
Prometheus Capital Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H23000343729 3

## COVER LETTER

**TO:** Registration Section  
 Division of Corporations  
 Promethus Capital Holdings, LLC

**SUBJECT:** \_\_\_\_\_  
 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:

JASON SAMPSON

\_\_\_\_\_  
 Name of Person

VENERABLE CORPORATE AND TRUST SERVICES, LLC

\_\_\_\_\_  
 Firm/Company

301 W. PLATT STREET, NO. 657

\_\_\_\_\_  
 Address

TAMPA, FLORIDA 33606

\_\_\_\_\_  
 City, State and Zip Code

notices@venerable.law

\_\_\_\_\_  
 E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Jason Sampson

813

284-3727

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 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

H23000343729 3

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.

1 Prometheus Capital Holdings, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

2 If none available, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name must include "Limited Liability Company," "LLC," or "LLC."  
WYOMING 93-2091477

3 Jurisdiction under the law of which foreign limited liability company is organized) 4 (If number of applicable)

5 If foreign limited liability company has not transacted business in Florida prior to registration, see sections 605.0901 & 605.0903, F.S., to determine penalty liability:  
30 N Gould Street 30 N Gould Street

6 Street Address of Principal Office) (If Mailing Address)  
Suite R Suite R  
Sheridan, WY 82801 Sheridan, WY 82801

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Name  
301 W. PLATT STREET, NO. 657  
Office Address  
TAMPA, FL 33606  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

FILED  
2023 SEP 29 PM 3:40  
STATE OF FLORIDA  
TALLAHASSEE, 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.

Jason Sampson  
\_\_\_\_\_  
(Registered agent's signature)

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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Beacon Hill Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: _____
	<u>30 N Gould St</u>		
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
	<u>Sie R</u>		
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	<u>Sheridan, WY 82801</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.)

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.

*Jason Sampson*

Signature of an authorized person

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Prometheus Capital Holdings, LLC**

is a

**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 27, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001290998**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of September, 2023 at 2:17 PM. This certificate is assigned ID Number 065649327.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State