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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INCORP SERVICES INC  
Account Number : 120320000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

RECEIVED  
2023 OCT 18 PM 4:22  
FLORIDA  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL

**Foreign Limited Liability Company  
Copperhead Technologies LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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2023 OCT 18 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Copperhead Technologies 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.

Courtney Wehrman

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call.

Courtney Wehrman on behalf of InCorp Services, Inc. 800-246-2677

Name of Contact Person

at

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

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. Copperhead Technologies LLC

(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Mashantucket Pequot Tribal Nation (Connecticut)

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 824103483

(Tax number, if applicable)

4. 06/05/2023

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905 F.S. to determine penalty liability)

5. 2 Matt's Path

(Street Address of Principal Office)

6. 2 Matt's Path

(Mailing Address)

Mashantucket, CT 06338

Mashantucket, CT 06338

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

Name InCorp Services, Inc.

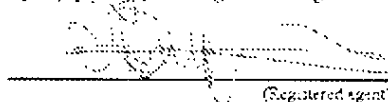
Office Address 3458 Lakeshore Drive

Tallahassee, Florida 32312  
(City) (Zip code)

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2023 OCT 18 AM 10:07  
SECRETARY OF STATE  
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.

  
Louise Breytenbach on behalf of InCorp Services, Inc.  
(Registered agent's signature)

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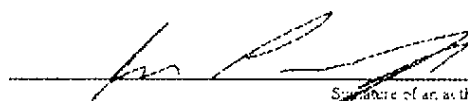
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: <u>Command Holdings, A Pecos Company</u>
<input type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	<u>2 Matt's Path</u>
Person	_____	Person	<u>Mashantucket, CT 06338</u>
<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.

  
\_\_\_\_\_  
Signature of an authorized person

Jon Panamaroff

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**MASHANTUCKET PEQUOT TRIBAL NATION  
OFFICE OF THE TRIBAL CLERK**

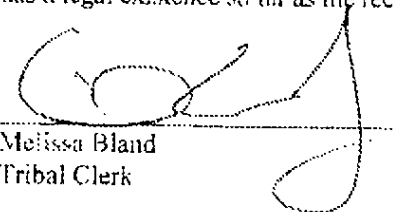
**CERTIFICATE OF EXISTENCE**

I, Melissa Bland, Tribal Clerk of the Mashantucket Pequot Tribal Nation, DO HEREBY CERTIFY, that I am, pursuant to the laws of the Mashantucket Pequot Tribal Nation, the custodian of the records relating to filings by limited liability companies pursuant to 45 M.P.T.L. and am the proper officer to execute this Certificate.

I further certify that the Tribal Clerk of the Mashantucket Pequot Tribal Nation, as of the date of this Certificate, evidence.

**"COPPERHEAD TECHNOLOGIES LLC"**

as a limited liability company duly formed under the laws of the Mashantucket Pequot Tribal Nation on January 19, 2018, a certificate of dissolution has not been filed by this entity, and therefore this entity has a legal existence so far as the records of this office show, as of today, July 25, 2023.

  
Melissa Bland  
Tribal Clerk

7/25/2023  
Date