M23000013975

(Requestor's Name) (Address) (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Link) Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23000113732

Office Use Only



500413599075

08/16/23--01009--013 **160.00



COVER LETTER

enn mær.	Miners Supply Co. LLC		
SUBJECT	Name	e of Limited Liability Company	
The enclose Existence, a	ed "Application by Foreign Limited Liability C and check are submitted to register the above t	Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florid	
Please retur	n all correspondence concerning this matter to	o the following:	
	Thomas Richards		
		Name of Person	
	Miners Supply Co		
		Firm/Company	
	8 The Green Suite A		
		Address	
	Dover DE 19901		
	C	ity/State and Zip Code	
	bookkeeping@minerssupplyco.com		
	E-mail address: (to be	sused for future annual report notification)	
For further	information concerning this matter, please cal	11:	
71	nomas Richards	650 750-1307	
_	Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
1216	aclosed is a check for the following amount: ease make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fe Certificate c	e & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate	

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.

	Limited Liability Company; must include "Limited	Liability Company.	"L.L.C.," or "LLC.")		
	, , , , , , , , , , , , , , , , , , , ,				
t name unavailable, enter alternate :	name adopted for the purpose of transacting business in Flo	orida. The alternate name	: must include "Limited Lia	ibility Company," "I, I, C," c	or "LLC
Delaware		88-3936 3.			
(Iurisdiction under the law of w	high foreign limited liability company is organized)	3. (FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration,) ne penalty liability)			
8 The Green Suite A Γ	Oover DE 19901	8 The Green Suite A Dover DE 19901 6. (Mailing Address)			
reet Address of Principal Office)		(Mail)	ng Address)		
					
-					
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	202	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2023 AI	
	Registered Agents Inc	NOT acceptable)	2023 AUG	
Name and street address Name:		<u>NOT</u> acceptable)	2023 AUG 16	
Name:	Registered Agents Inc 7901 4th St N, STE 300)	ි ර	· Comme
	Registered Agents Inc		·)	50 - 6	E Cross Camp
Name:	Registered Agents Inc 7901 4th St N, STE 300		33702	ි ර	de Create Cana
Name:	Registered Agents Inc 7901 4th St N, STE 300			6 PH 6:	le lines tom bed

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 signiture)

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: Name and Address: Title or Capacity: Thomas Richards Name: Brendan Mendro □Manager □ Manager Address: 12396 Avendia Consentido Address: 1950 Pettygrove Apt 210 ■ Member **■**Member Portland, OR 97209 San Diego, CA 92128 □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other ..._ □Other Name: Christian Long Name: Josh Rose □Manager □Manager Address: 6725 Laguna Ct Address: 15770 Sparks Dr ■Member ■Member La Pine, OR 97739 Granite Bay, CA 95746 □Authorized □ Authorized Person Person □Other____ □Other_____ □Other □Other__ □Manager Name: _____ 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. Signature of an authorized person Thomas Richards

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MINERS SUPPLY CO. LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE FOURTEENTH DAY OF JULY, A.D. 2022, AT 11:23 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINERS SUPPLY CO. LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2022.

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

6915000 8315

Authentication: 204451385

Date: 10-25-23