(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
W24-19785
Office Use Only



100422227361

2024FED -7 MIN: 43

FEB 0 8 2024 K. Brumbley



February 6, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: OTH TX, LLC Ref. Number: W24000019785

We have received your document for OTH TX, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

TALLAHASSEE, FLURID

Letter Number: 324A00002541

2024 FFR - 7 PM 3: 2

(850) 524-5437 (850) 524-624		
Please use funds from th Authorization Signature	is account: 120210	000160:\$130.00
OTH TX, LLC	F24 000000555	·
Business		Document #
Walk in		Pick up time
Mail out		Will wait
NEW FILINGS		<u>AMMENDMENTS</u>
		
Profit Not for Profit		Amendment Resignation of R.A. Officer/Di
Limited Liability		Change of Registered Agent
Domestication Other		Dissolution/Withdrawal Merger
CORP		Conversion
OTHER FILINGS		REGISTERATION/QUALIFICATIONS
		X Foreign filing Limited Partnership
Annual Report		Reinstatement
Annual ReportFictitious Name		

EXAMINER'S INITIALS:_____

COVER LETTER

ct: O	TH TX, LLC	
	Nam	e of Limited Liability Company
closed "A ice, and c	Application by Foreign Limited Liability theck are submitted to register the above	Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business i
return all	correspondence concerning this matter t	to the following:
	Blaine Rasmuson	
		Name of Person
	On The Hook Fish and Chips	
		Firm/Company
	3717 Cherrywood West Loop	
		Address
	Laramie, WY 82070	
	(City/State and Zip Code
	blaine@onthehookfishandchips.com	
	E-mail address: (to b	e used for future annual report notification)
ther info	rmation concerning this matter, please ca	ill:
Blaine	Rasmuson	307 221-6277
	Name of Contact Person	at ()
	g Address:	Street Address:
_	tration Section	Registration Section
	ion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee
	nassee, FL 32314	2415 N. Monroe Street, Suite 810
randi	1000CC. 1 12 22217	Tallahassee, FL 32303
	ed is a check for the following amount:	
Enclos	eg is a check for the following amount.	
Please	make check payable to: FLORIDA DE I 5.00 Filing Fee \$\square\Sigma\\$130.00 Filing Fe	

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:

State of Wyoming (Jurisdiction under the law of whether the law of wh			
(Jurisdiction under the law of w.		93-2291842 3	, if applicable)
	tion foreign fimiled flability company is organized)	(FEI RUMBER	, п аррпсаоте)
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	egistration.)	
3717 Cherrywood Wes)
eet Address of Principal Office)	<u>. </u>	6. (Mailing Address)	
Laramie, WY 82070		Laramie, WY 82070	
Name and atmost address			
ivame and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)	2024 FEB
Name and street address	s of Florida registered agent: (P.O. Box Registered Agents Inc	NOT_acceptable)	2024 FEB - 7
		NOT_acceptable)	2024 FEB - 7 AH II:
Name:	Registered Agents Inc	NOT_acceptable)	2024FEB - 7 AHTI: 43

Blaine Rasmuson

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: Title or Capacity: Name and Address: Name and Address: Name: ____ Name: Hunter Andersen □ Manager □ Manager Address: ___ Address: ____ * Member Jelm, WY 82063 Laramie, WY 82070 ☐ Authorized ☐ Authorized Person Person ☐Other_____ □Other Other____ □Other Name: Blaine Rasmuson Name: □Manager □Manager Address: ___ □Member Address: □Member Laramie, WY 82072 ∆ Authorized ☐ Authorized Person Person Other □Other____ Other Other Name: ____ Name: _____ □Manager □Manager Address: □Member Address: □Member ☐ Authorized ☐ Authorized Person Person 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. DocuSlaned by: Plaine Rasmuson Signature of an authorized person -368683F492CA4C8...

Typed or printed name of signee

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,

OTH TX, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 30**, **2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001293240**.

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 Anucles 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 7th day of February, 2024 at 8:28 AM. This certificate is assigned ID Number 069364537.

Secretary of State