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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:0	2/21/2024	
	Patrice Rush	<u> </u>
Reference #:_	007000	
Entity Name:_	BALL BROTI	HERS HOLDING, LLC
Articles	of Incorporation/Authorization	n to Transact Business
☐ Amend	ment	
☐ Change	e of Agent	
Reinsta	tement	
☐ Conver	sion	
☐ Merger		
Dissolu	tion/Withdrawal	
☐ Fictitiou	is Name	
Other_		
Authorized Am	nount: \$125.00	
Signature:	(Pall	

F: +852.2682.9790

COVER LETTER

TO:

Registration Section

Division	of Corporatio	ens				
SUBJECT: Ball	Brothers Hold	ing, LLC				
		Name o	f Limited Liability	Company		
The enclosed "App Existence, and che	olication by Fo ck are submitt	reign Limited Liability Con ed to register the above refe	npany for Authoriz renced foreign lim	zation to T nited liabili	ransact Business in Florida," Certify ty company to transact business in	ficate of Florida.
		concerning this matter to th				
	Bart J. McNau	ghton				
_		1	lame of Person			
_	<u> </u>	F	irm/Company			
2	2513 51st Stree	et				
-	<u> </u>		Address			
9	Saratosa, FL 3-	1234				
_	<u>-</u>	City/S	State and Zip Code		 	
ba	librothersile@	gmail.com				
_		E-mail address: (to be use	d for future annua	l report no	tification)	
For further information	tion concernin	g this matter, please call:				
Bart J. Mo	Naughton		720 at (384-52	60	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Division of Registratio P.O. Box 6 Tallahassee	327 e, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check S125.00	for the followi Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	e

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:

(If name unavailable, enter alternat	e name adopted for the morning of treas action to the	s in Florida. The alternate name must include "Limited L	
7 Wyoming	- the analyses for the purpose of transacting pushes	os di Florida. The alternate name must include "Limited L	Jability Company," "L.L.C." or "LLC.")
	which foreign limited liability company is organized)	3	mber, if applicable)
4			, Manager 1
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to	prior to registration.)	
5			
(Street Address of	l'Principal Office)	6. (Mailing Ad	kdress)
2513 51st Street		2513 51st Street	,
Sarasota, FL 34234		Sarasota, FL 34234	-
7. Name and street addr	ess of Florida registered agent: (P.O.	Box NOT acceptable)	2024 FEB
Name:	Bart J. McNaughton		·- 🖺 🛫
Office Address:	2513 51st Street		B 21
	Sarasota, FL	, Florida <u>34234</u>	D
Registered agent's acce Having been named as i	registered agent and to accent service	of process for the above stated limits	
Having been named as indesignated in this applicated in this applicate comply with the provious and accept the obligation. 8. The name, title or capacity:	ptance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pre ins of my position as registered agent. Registered agent accity and address of the person(s) wh Name and Address:	e of process for the above stated limited ent as registered agent and agree to act	d liability company at the place
Having been named as indesignated in this applicated in this applicate comply with the provious and accept the obligation and accept the obligation are applicated. 8. The name, title or cap	ptance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pre ins of my position as registered agent. IRverstered ag accity and address of the person(s) wh Name and Address: Bart J. McNaughton	e of process for the above stated limitedent as registered agent and agree to accoper and complete performance of my	d liability company at the place t in this capacity. I further agre duties, and I am familiar with
Having been named as indesignated in this applicated in this applicate comply with the provious and accept the obligation. 8. The name, title or capacity:	ptance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pre ins of my position as registered agent. Registered agent accity and address of the person(s) wh Name and Address:	e of process for the above stated limitedent as registered agent and agree to accoper and complete performance of my	d liability company at the place t in this capacity. I further agre duties, and I am familiar with
Having been named as indesignated in this applicated in this applicate comply with the provious and accept the obligation. 8. The name, title or capacity:	ptance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pre ins of my position as registered agent. IRverstered ag accity and address of the person(s) wh Name and Address: Bart J. McNaughton 2513 51st Street	e of process for the above stated limitedent as registered agent and agree to accoper and complete performance of my	d liability company at the place t in this capacity. I further agre duties, and I am familiar with
Having been named as it designated in this applicate of comply with the providend accept the obligation. 8. The name, title or capacity: Manager Manager	ptance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pro- ns of my position as registered agent. Registered agent accity and address of the person(s) wh Name and Address: Bart J. McNaughton 2513 51st Street Sarasota, FL 34234 Alan McNaughton 2513 51st Street Sarasota, FL 34234	e of process for the above stated limitedent as registered agent and agree to accoper and complete performance of my	d liability company at the place t in this capacity. I further agre duties, and I am familiar with
Having been named as a designated in this applicate of comply with the providend accept the obligation. 8. The name, title or capacity: Manager Manager Use attachments if necessarisdiction under the law of the translator must be so. This document is executed.	ptance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pre ins of my position as registered agent. Registered ag acity and address of the person(s) wh Name and Address: Bart J. McNaughton 2513 51st Street Sarasota, FL 34234 Alan McNaughton 2513 51st Street Sarasota, FL 34234 Alan McNaughton 2513 51st Street Sarasota, FL 34234 ssary) of existence, no more than 90 days of of which it is organized. (If the certifubmitted)	e of process for the above stated limitedent as registered agent and agree to accoper and complete performance of my	d liability company at the place of in this capacity. I further agree duties, and I am familiar with Name and Address: Eving custody of records in the ion of the certificate under oath

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,

Ball Brothers Holding, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on February 21, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001413613.

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 21st day of February, 2024 at 11:18 AM. This certificate is assigned ID Number 069780429.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.