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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Code Contract Contrac |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: | Elephant Enterprises | | | | | | | |
|-----------------------------------|---|---|-----------------------------|--|--|-----------------------------------|--|--|
| Name of Limited Liability Company | | | | | | | | |
| The enclosed Existence, and | "Application by Fored check are submitted | eign Limited Liability Company I to register the above reference | for Authorized foreign limi | ation to Transact I ted liability comp | Business in Florida, any to transact busi | " Certificate of ness in Florida. | | |
| Please return | all correspondence co | oncerning this matter to the foll | owing: | | | | | |
| | Kasey Statum | | | | | | | |
| Name of Person | | | | | | | | |
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| | 1832 Via Lago I | Orive | | | | | | |
| Address | | | | | | ¥205 | | |
| Lakeland, Florida 33810 | | | | | | (上) (2) | | |
| City/State and Zip Code | | | | | | | | |
| | doctorkasey@gma | ail.com | | | | PH | | |
| | | E-mail address: (to be used for | future annua | report notification | on) | - ∺ | | |
| For further in | formation concerning | this matter, please call: | | | | 99 | | |
| Ме | gan Baird | al | 800 | 375-2453 | | _ | | |
| | Name of | Contact Person | Area Code | Daytime T | elephone Number | | | |
| Divi: Regi P.O. | istration Section Box 6327 ahassee, FL 32314 | | | STREET ADD Division of Con Registration Sec Clifton Building 2661 Executive Tallahassee, FL | oorations stion Center Circle | | | |
| | osed is a check for the se make check payabl | e following amount: e to: FLORIDA DEPARTMI | NT OF STA | TE | | | | |
| | \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 | | \$160.00 Filing of Status & Cer | - | | |

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Elephant Enterprises M (Name of Foreign | Limited Liability Company, must include "Limite | ed Liability Co | mpany,""LL.C.," or "LLC.") | |
|--|--|-------------------------------------|--|-------------------|
| | | | | |
| ame unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | rida. The alterni | te name must include "Limited Liability Company," "L | .L C," or "LLC ") |
| Alaska | | 2 | | |
| (Jurisdiction under the law of wh | uch foreign limited liability company is organized) | J | (FEI number, if applicable) | |
| | | | | |
| | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) ine penalty liabi | ity) | |
| 200 W. 34th Avenue, #977 | | 18 | 32 Via Lago Drive | |
| (Street Address of F | rincipal Office) | 6 | (Mailing Address) | |
| 41 AV 00602 | | | | |
| Anchorage, AK 99503 | | L.a | keland, FL 33810 | 2 |
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| Name and street address | s of Florida registered agent: (P.O. Box | NOT acce | eptable) | 70 71 |
| | | | | |
| Name: | Kasey Statum | | | . 59 |
| Name. | | | _ | Œ. |
| Office Address: | 1832 Via Lago Drive | | | |
| Office Address. | | | | |
| | Lakeland | | 33810 , Florida | |
| | (City) | | (Zip code) | |

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.

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Sheku Kemokai Kasey Statum Manager Manager Manager Address: ____ 1832 Via Lago Drive ■ Member Member Address: Lakeland, FL 33810 Lakeland, FL 33810 Authorized Authorized Person Person Other__ Other____ Other Other___ Manager Manager Name: Manager Member Address: ☐ Member Address: Authorized ☐ Authorized Person Person Other Other Other___ Other Manager 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. Senature of an authorized person

Typed or printed name of signee

Kasey Statum

Alaska Entity #10242814

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Elephant Enterprises Management, LLC

This entity was formed on August 18, 2023 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **December 11, 2023**.

Julie Sande Commissioner