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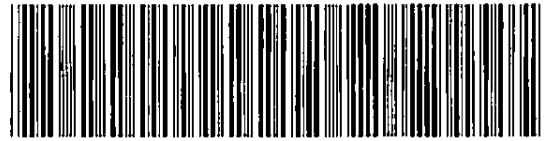
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SUBJECT: H Prairie Operations, LLC

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code _____

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

Tiana Hamilton

605
at ()

690-7376

Name of Contact Person

Area Code

Daytime Telephone Number

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. H Prairie Operations, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. South Dakota

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

92-3306899

3. (FEI number, if applicable)

4. Upon Approval

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

5. 45496 218A Street

(Street Address of Principal Office)

6. 45496 218A Street

(Mailing Address)

Arlington, SD 57212

Arlington, SD 57212

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

DAVID ROBERTS - REGISTERED AGENTS, INC

(Registered agent's signature)

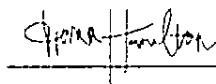
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>Tiana Hamilton</u> | <input type="checkbox"/> Manager | Name: <u>Daniel Hamilton</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>45496 218A Street</u> | <input checked="" type="checkbox"/> Member | Address: <u>45496 218A Street</u> |
| <input type="checkbox"/> Authorized | <u>Arlington, SD 57212</u> | <input type="checkbox"/> Authorized | <u>Arlington, SD 57212</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
|
<input type="checkbox"/> Manager | Name: <u></u> |
<input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
|
<input type="checkbox"/> Manager | Name: <u></u> |
<input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |

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

Tiana Hamilton

Typed or printed name of signee

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

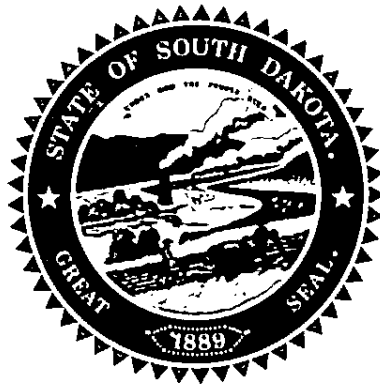
I, **Monae L. Johnson**, Secretary of State of the State of South Dakota, hereby certify that

H Prairie Operations, LLC

Business ID: DL247956

was authorized to transact business in this state on: April 4, 2023.

I, further certify that **H Prairie Operations, LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, March 10, 2024.

A handwritten signature in cursive script that reads "Monae L. Johnson".

Monae L. Johnson
Secretary of State

03/10/2024 7:04 PM

Verification #: 017467634