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(Requestor's Name)
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PICK-UP WAIT MAIL
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BI SUVI PS



April 2, 2024

Via US First Class Mail

Florida Department of State Registration Section Division of Corportations P.O. Box 6327 Tallahassee, FL 32314

Re: Skywarp LLC

To Whom It May Concern,

Please accept this letter as our request to file the following enclosed documents:

- 1) Florida SOS Application by Foreign LLC for Authorization to Transact Business in Florida for Skywarp LLC
- 2) Skywarp LLC Certificate of Existence (1 original, 1 copy)
- 3) Skywarp LLC Certificate of Formation (1 original, 1 copy)

I have enclosed check number 14718 in the amount of \$125.00 to cover the filing fee. Please file the enclosed documents as soon as possible and return a **date-stamped copy** to me in the self-addressed, stamped envelope provided.

Thank you for your attention to this matter.

Very truly yours,

Andrew L. Howell, Esq.

CNM/kt Enclosures

COVER LETTER

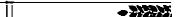
	Registration Section Division of Corporations	
SUBJEC	Skywarp LLC	
001111		ame of Limited Liability Company
		ty Company for Authorization to Transact Business in Florida." Certificate of ve referenced foreign limited liability company to transact business in Florida.
Please re	turn all correspondence concerning this matte	er to the following:
	Corbin McAllister	
		Name of Person
	York Howell	
		Firm/Company
	10610 South Jordan Gateway, Suite	· 200
		Address
	South Jordan, UT 84095	
		City/State and Zip Code
	E-mail address; (to	be used for future annual report notification)
For furth	er information concerning this matter, please	call:
	Corbin McAllister	801 527-1040
•	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
1	Enclosed is a check for the following amount Please make check payable to: FLORIDA D ■ \$125.00 Filing Fee □ \$130.00 Filing Certificat	EPARTMENT OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSIN IN FLORIDA

If name unavailable, enter alternate name Washington Jurisdiction under the law of which		ilorida. The alternate national of tegistration is interpreted by the state of the	(FEI mumbe Country Heights Drive iling Address)	er, if applicable)	L.C." or "LLC
Washington (Jurisdiction under the law of which 79733 Country Heights D	foreign limited liability company is organized) (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine the control of the control o	ine penalty liability) 79733 (6. (Ma	Country Heights Drive	er, if applicable)	L.C." or "Lt.C
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79733 Country Heights Discountry Address of Principal Office)	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	6(Ma	Country Heights Drive		
79733 Country Heights Discountry Address of Principal Office)	rive	6(Ma	iling Address)	e	
79733 Country Heights D. Street Address of Principal Office)	rive	6(Ma	iling Address)	e	_
Street Address of Principal Office)		6(Ma	iling Address)		_
		Kennew	[]		
			rick, Washington 9 93	338	
				<u> </u>	
. Name and street address of	f Florida registered agent: (P.O. Box	NOT acceptab	le)		ŹŰŹ
C Name:	orporation Service Company				žuzii APR 16
Office Address:	201 Hays Street			• :	το
T	allahassee		32301 Florida	ć.	
	(Cuy)		(Zip code)	- 	
designated in this application to comply with the provisions and accept the obligations of	·	s registered agei	bove stated limited linted in	this capacity.	I further
<u>B</u> ;	y: Taylor Jones (Registered agent's s	<u>-</u>	, Assistant Secreta	ary	

8. For initial index manage [up to six (ing purposes, list names, title or capacity and 6) total]:	l addresses of the primary n	nembers/m	anagers or persons authorized
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: Daryl Kelly	■Manager	Name:	hristopher Lee
□Member	Address: 79733 Country Heights Drive	□Member	Address:	79733 Country Heights Drive
□Authorized	Kennewick, Washington 99338	□Authorized	Kennew	ick, Washington 99338
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name: _	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	.	Other
□Manager	Name:	□Manager	Name: _	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
9. Attached is a cert jurisdiction under th of the translator mus	se an attachment to report more than six (6), may be added to the index when filing your lifticate of existence, no more than 90 days old e law of which it is organized. (If the certificate be submitted) s executed in accordance with section 605.02 ment to the Department of State constitutes a topological section 100.00 ment to the Department of State constitutes a topological section 100.00 ment to the Department of State constitutes a topological section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the Department of State constitutes at the section 100.00 ment to the section 100.00 me	Florida Department of State I. duly authenticated by the ate is in a foreign language O3 (1) (b), Florida Statutes.	Annual R official ha , a translat . I am awaa	Report form. Iving custody of records in the ion of the certificate under oat rethat any false information
	<u> </u>	e of an authorized person		<u> </u>
	Daryl Kelly, Manager			

Typed or printed name of signee





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SKYWARP LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/15/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/29/2024 UBI Number: 604 848 43**9**



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/29/2024



Filed
Secretary of Stat
State of Washingte
Date Filed: 12/15/2
Effective Date: 12/15.

UBI#: 604 848 4

Work Order #: 2021120700719

Received Date: 12/6

CERTIFICATE OF FORMATION

CERTIFICA	ALE OF FORMATION		
UBI NUMBE	R		
UB1 Number: 604 848 439			
BUSINESS 1	NAME		
Business Name SKYWARP LLC			
REGISTERE	D AGENT		
Registered Agent Name	Street Address	Mailing Address	
DARYL KELLY	5102 S COULEE VISTA DR, KENNEWICK, WA. 99338-6002, UNITED STATES	5102 S COULEE 99338-6002, UNI	
REGISTERE	D AGENT CONSENT		
Customer provided I	Registered Agent consent? - Yes		
DURATION			
Duration: PERPETUAL			
EFFECTIVE	DATE		
Effective Date: 12/15/2021			
OTHER PRO	VISIONS		
Other Provisions:			
PRINCIPAL (OFFICE		
Phone: Émail:			

This document is a public record. For more information visit www.sos.wa.gov/corps

DKELLY1	4@GMAIL.CO	M					
Street Addr 5102 S CO Mailing Add	ULEE VISTA D	OR, KENNE	WICK, WA	A, 99338-60	02, UNITED STAT	ΓES	
EXECL	JTOR						
Title	Executor Type	Entity Name	First Name	Last Name	Address		
EXECUTO	OR INDIVIDUA	L	DARYL	KELLY	5102 S COULER 99338-6002, UN		KENNEWICK. WA.
RETUR	RN ADDRE	SS FOF	THIS F	ILING			
Attention: Email: DKELLY1 Address:	4@GMAIL.CO	M					
UPLOA	D ADDITIO	DNAL D	OCUME	NTS			
Name						nent Type	
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	nent is signed.						
Person Type	···						
INDIVIDU First Name:	AL						
DARYL							
Last Name: KELLY						!	
Title:							

Work Order #: 2021120700719079 -Received Date: 12/07/202



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SKYWARP LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/15/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/29/2024 UB1 Number: 604 848 439

OS WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/29/2024



Filed
Secretary of State
State of Washingto
Date Filed; 12/15/20
Effective Date: 12/15/.
UB1 #: 604 848 43

CERTIFICATE OF FORMATION

UBI NUMBE	R		
UBI Number: 604 848 439			
BUSINESS 1	NAME		
Business Name SKYWARP LLC			
REGISTERE	D AGENT		
Registered Agent Name	Street Address	Mailing Address	
DARYL KELLY	5102 S COULEE VISTA DR, KENNEWICK, WA, 99338-6002, UNITED STATES	5102 S COULEE 99338-6002, UNI	
REGISTERE	D AGENT CONSENT		
Customer provided R	Registered Agent consent? - Yes		
DURATION			
Duration: PERPETUAL			
EFFECTIVE	DATE		
Effective Date: 12/15/2021			
OTHER PRO	VISIONS		
Other Provisions:			
PRINCIPAL (OFFICE		
Phone:			
Email:			

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Amount Received: \$2

DKELLY14@GMAIL.COM Street Address: 5102 S COULEE VISTA DR, KENNEWICK, WA, 99338-6002, UNITED STATES Mailing Address: **EXECUTOR** First Executor Entity Last Title Address Type Name Name Name 5102 S COULEE VISTA DR. KENNEWICK, WA. **KELLY** EXECUTOR INDIVIDUAL DARYL 99338-6002, UNITED STATES RETURN ADDRESS FOR THIS FILING Attention: Email: DKELLY14@GMAIL.COM Address: UPLOAD ADDITIONAL DOCUMENTS Name **Document Type** CORRESPONDENCE 2021120700719079 - SKYWARP INC LLC.PDF UPLOADED DOCUMENTS Created Date Created By **Document Type** Source No Value Found. **EMAIL OPT-IN** I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications. **AUTHORIZED PERSON - STAFF CONSOLE** Document is signed. Person Type: INDIVIDUAL First Name: DARYL Last Name: **KELLY** Title:

> Work Order #: 2021120700719079 -Received Date: 12/07/202