

MAH000007111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

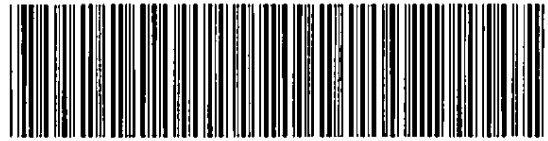
(Document Number)

Certified Copies _____

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2024 MAY 13 PM 2:17

CLERK OF STATE

T. LEMIEUX

JUN - 5 2024

Corporate Direct, Inc.

348 Mill St.
Reno, NV 89501

775-824-0300 - Main
775-824-0105 - FAX

May 2, 2024

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

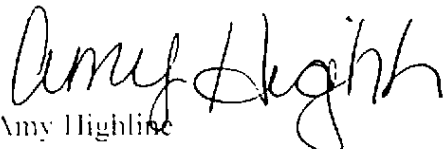
Re: Springfield Holdings LLC alternate name in FL - Springfield Holdings WY LLC

Dear Clerk:

Enclosed please find the original and one copy of foreign qualification for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity using the enclosed return envelope.

Thank you for your continued courtesy. Please do not hesitate to call me if you have any questions.

Best Regards,



Amy Highline
Senior Incorporating Specialist

ah
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

Springfield Holdings WY LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Highline

Name of Person

Corporate Direct, Inc.

Firm/Company

348 Mill St

Address

Reno, NV 89501

City/State and Zip Code

ahighline@corporatedirect.com

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

For further information concerning this matter, please call:

Amy Highline

775

284-7161

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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 RE-REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

Springfield Holdings WY 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 300 N Center St., Unit 6
(Street Address of Principal Office)

6. 300 N Center St., Unit 6
(Mailing Address)

Casper, WY 82601

Casper, WY 82601

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.

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2024 MAY 13 PM 2:18
SECRETARY OF STATE
FLORIDA

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>Carl Johnson</u>	<input type="checkbox"/> Manager	Name: <u>Connie Johnson</u>
<input checked="" type="checkbox"/> Member	Address: <u>300 N Center St., Unit 6</u>	<input checked="" type="checkbox"/> Member	Address: <u>300 N Center St., Unit 6</u>
<input type="checkbox"/> Authorized	<u>Casper, WY 82601</u>	<input type="checkbox"/> Authorized	<u>Casper, WY 82601</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

Carl Johnson

Signature of an authorized person

Carl Johnson

Typed or printed name of signer

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,

Springfield Holdings LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 5, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001370637**.

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 2nd day of May, 2024 at 12:40 PM. This certificate is assigned ID Number 072397633.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State