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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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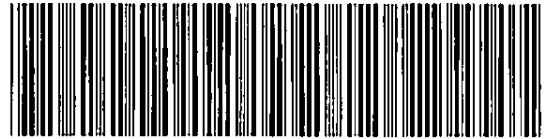
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY - 8 PM 3:56

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Truman Holdings LLC

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:

Todd Truman

Name of Person

Truman Holdings LLC

Firm/Company

698 Main St

Address

Oxford Me 04270

City/State and Zip Code

becky.mason5@gmail.com

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

For further information concerning this matter, please call:

Becky Mason

207

8903449

at (_____) _____

Name of Contact Person

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 &
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. Truman Holdings LLC

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

Truman Holdings Sarasota 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.")

Maine

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

004-62-9112

3. (FEI number, if applicable)

N/A

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

698 Main St

5. (Street Address of Principal Office)

Oxford ME 04270

698 Main St

6. (Mailing Address)

Oxford ME 04270

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

Name: Ulrich, Scarlett, Watts & Dean PA

Office Address: 713 S Orange Ave Suite 201

Sarasota

(City)

, Florida

34236

(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)

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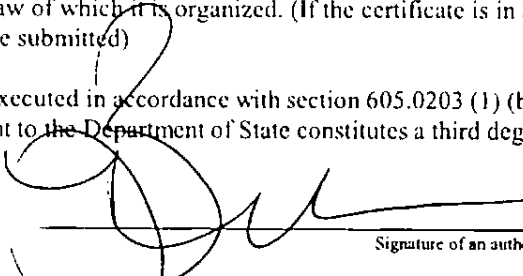
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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: | Todd Truman | | <input checked="" type="checkbox"/> Manager | Name: | Becky Mason | |
| <input checked="" type="checkbox"/> Member | Address: | 698 Main St | | <input type="checkbox"/> Member | Address: | 698 Main St | |
| <input type="checkbox"/> Authorized | | Oxford ME 04270 | | <input type="checkbox"/> Authorized | | Oxford ME 04270 | |
| | 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.



Signature of an authorized person
Becky Mason

Typed or printed name of signer

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of formation, amendment, and cancellation of limited liability companies and annual reports filed by the same.

I further certify that TRUMAN HOLDINGS, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is July 1, 2021.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the certificate of formation and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this third day of May 2024.

Shenna Bellows

*Shenna Bellows
Secretary of State*