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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC

Account Number : I20240000024 Phone : (800)508-1726 : (702)514-6187 Fax Number

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r the email address for this business entity to be used for future innual report mailings. Enter only one email address please.**

mail Address:_

Foreign Limited Liability Company KINGDOMS HARVEST HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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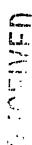
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Help

JUN 0 5 2024

K. Brumbley



.From Corporate Service Center Inc 1.702.507.9682 Wed Jun 5 11:04:05 2024 MDT Page 4 of 7 H24000197694 3

COVER LETTER

nee, and en	plication by Foreign Limited Liability	ne of Limited Liability C	
nce, and en	plication by Foreign Limited Liability	C	
return all e	eek are submitted to register the above	Company for Authoriza referenced foreign limit	ition to Transact Business in Florida," Certif ted liability company to transact business in
	orrespondence concerning this matter t	o the following:	
	LDUMOVICH		
		Name of Person	
	NCH Registered Agent		
		Firm/Company	
	1450 VASSAR STREET		
		Address	
	RENO, NV 89502		
	С	ity/State and Zip Code	
R	ENEWALS@NCHINC.COM		
	E-mail address; (to be	used for future annual r	report notification)
ther inform	ation concerning this matter, please cal	I:	
NCH Re	gistered Agent	800 at (508-1726
	Name of Contact Person	Area Code)
Mailing A		Street Address:	
	tion Section	Registration Sec	
	of Corporations	Division of Corporations	
P.O. Bo		The Centre of T	
Tallahas	see, FL 32314	2415 N. Monro	e Street, Suite 810
		Tallahassee, FL	32303

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED DABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in I I	onda. The altern,	ite name must include '4 innied I lability	Company," "L.C." or
YOMING		3.		
risdiction under the law of wh	nich toreign britted hability company is organized)	-, <u></u>	(i:(-) տասեզ., i/.դ	iplicable)
	(Date first transacted husiness in Florida, if prior to (See sections 505 0004 & 605 0005, F.S. to determi	registration) ne penalty habili	(i,)	•
55 County Rd 75		205	5 County Rd 75	
Address of Principal Office)		U	(Stailing Address)	·
unnell, FL 32110		Bunnell, FL 32110		
	s of Florida registered agent: (P.O. Box	ivor acce	ratic i	2
Name:	NCH Registered Agent		-u.	2024 3
Name:	NCH Registered Agent 390 North Orange Ave., Stc.2300-N			2024 JUN -5
- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	NCH Registered Agent 390 North Orange Ave., Stc.2300-N Orlando		32801-1684	ŧ

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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: JOSHUA BOYD NICHOLS	≣Manager	Name: KELLY NICHOLS
□Member	Address: 2055 County Rd 75		Address: 2055 County Rd 75
□Authorized	Bunneil, 14, 32110	□Authorized	Bunnell, FL 32110
Person	******	Person	
□Other	□O:her	□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:
日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. 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.

Joshua Boyd Nichols			
/	0	Signature of an authorized person	
JOSHU.	A BOYD NICHOL	S	
		Typed or printed name of signee	

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,

KINGDOMS HARVEST HOLDINGS, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 30, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001450106**.

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 5th day of June. 2024 at 10:29 AM. This certificate is assigned ID Number 073327930.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.