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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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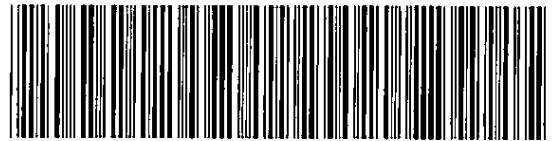
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 13 2024

FILED
2024 JUN 13 PM 5:22
CLERK OF COURT
STATE OF NEW YORK

T. LEMIEUX

JUN 18 2024



1883 W. Royal Hunte Dr., Suite 200
Cedar City, Utah 84720

Phone 435-586-9366
Fax 435-586-9491

Tori Yonker, Legal Assistant
tori.yonker@kkoslawyers.com

June 6, 2024

Department of State
Registration Section - Division of Corporations
The Center of Tallahassee
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed for processing are duplicates of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for **Nytro Events LLC**. Also enclosed is a check in the amount of \$125.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP


Tori Yonker
Legal Assistant

Enclosure

**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. Nytro Events LLC
(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. Wyoming 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

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

5. 1883 West Royal Hunte Drive, Suite 200A 6. 1883 West Royal Hunte Drive, Suite 200A
(Street Address of Principal Office) (Mailing Address)
Cedar City, Utah 84720 Cedar City, Utah 84720

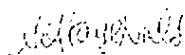
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.
Office Address: 2894 Remington Green Lane, Suite A
Tallahassee, Florida 32308
(City) (Zip code)

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2024 JUN 13 PM 5:22
SECRETARY OF STATE

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.



Samantha Niels, Assistant Secretary

(Registered agent's signature)

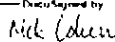
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Nick Cohen	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1883 West Royal Hunt Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 200A	<input type="checkbox"/> Authorized	_____
Person	Cedar City, Utah 84720	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.

DocuSigned by

Signature of an authorized person

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,

Nytro Events LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 6, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001470106**.

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 6th day of June, 2024 at 4:00 PM. This certificate is assigned ID Number 073382834.



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

Secretary of State