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Division of Corporations

Fax Number (850)617-6383

Account Name . REGISTERED AGENTS INC.

Account Number ' 120090488081 Phone : (307)200-2803 Fax Number . (813)436-5206

> \*\*Enter the email address for this business entity to be used for future annual report maxlings. Enter only one email address please. \*\*

Email Address:\_

### Foreign Limited Liability Company Buck Wild Bison LLC

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

IN COMPLIANCE WITH SECTION 6050802, FLORIDA STATUTES THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

	i Limited Liability Company must include "Limited	ed Erabinty Company," "L.L.C.," or "U.C." (			
aime uravailable, enter alternate	name adopted for the purpose of transacting business in El	denda. The alternate name mass include "Limited Liability Company." [1,2,1,7]	for "LLC		
w	which toreign limited liability company is organized.	3. 81-3791541			
Ourisdiction under the law of s	which foreign fimited liability company is organized)	if El monber, (Lapplicable)			
	(Date los) transacted business in Florida, if prior to r (See sections 60) (0004-X 505-0048, E.S. ta deterior	V registration 1			
2001 AL CALGTE OD					
7901 4th St N STE 300		6. (Nation Miles)	7901 4th St N STE 300		
St. Pelersburg, FL 337		SI. Petersburg, FL 33702			
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	( <u>NOT</u> acceptable)	<del></del>		
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	<u>(</u> )			
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Registered Agents Inc	<u>(</u> )			
Name:		<u>(</u> )			
	Registered Agents Inc				

Registered agent's acceptance:

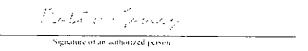
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, fitle 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: Ryan Robbins	□Manager	Shane Robbins Name:
X'Member	Address	XMember	Address:
□Authorized	7901 4th St N STE 300	□ Authorized	7901 4th St N STE 300
Person	St. Petersburg FL 33702	Person	St. Petersburg FL 33702
□Othe:	Other	□Other	□ Other □
□Manager	Name:	□ Manager	Name.
□Member	Address:	l [Member	Address:
☐Authorized		□ Anthorized	
Person		Person	
□Other		COther	
!_!Manager	Name:	L. Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
[]Other	[]Other	[[Other	

Important Notice. Use an attachment to report more than six (o). 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 8.817,455, F.S.



7/25/2024 \$3 38:23 PDT To 13506176383 Page 4/4 Fax: 8134365206



# I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

#### BUCK WILD BISON LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on August 29, 2016. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, Unereby issue this Certificate of Existence

### CERTIFICATE OF EXISTENCE

Validation ID:7WV7P\_633KH

Validation WEST VIAGINATION OF WEST VIAGINATIO

Given under my hand and the Great Seal of the State of West Virginia on this day of July 25, 2024

Mac Warner