

M24000010680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

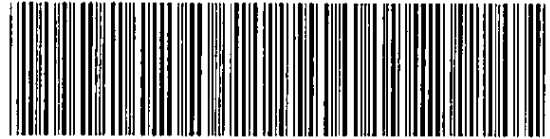
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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2024 AUG 20 PM 6:12

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AUG 20 2024

K. Brumbley

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 08/20/2024

**\*\*WALK IN\*\***

ENTITY NAME DWZ Technologies, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: I20160000072

*S R JNO*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**DWZ Technologies, 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:

**Harbor Compliance**

\_\_\_\_\_  
Name of Person

**Harbor Compliance**

\_\_\_\_\_  
Firm/Company

**1830 Colonial Village Ln.**

\_\_\_\_\_  
Address

**Lancaster, PA 17601**

\_\_\_\_\_  
City/State and Zip Code

**sbryson@harborcompliance.com**

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

For further information concerning this matter, please call:

**Shawna Bryson**

\_\_\_\_\_  
Name of Contact Person

at ( **717** ) **670-8145**

\_\_\_\_\_  
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. DWZ Technologies, 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. ID

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. N/A

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

5. \_\_\_\_\_

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

372 S Eagle Rd #363

372 S Eagle Rd # 363

Eagle, ID 83616 - 5908

Eagle, ID 83616-5908

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

(City)

, Florida

33702

(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.*

[Signature]

(Registered agent's signature)

APPROVED  
AND  
FILED  
2024 AUG 20 PM 6:12  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, 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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Shane W. Watson

☒ Member                      Address: 372 S Eagle Rd #363

☐ Authorized                      Eagle, ID 83616

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Molly Watson

☒ Member                      Address: 372 S Eagle Rd # 363

☐ Authorized                      Eagle, ID 83616

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ 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.

1st Molly Watson  
Signature of an authorized person

Molly Watson  
Typed or printed name of signee



# STATE OF IDAHO

*Phil McGrane* | Secretary of State

## **Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

July 29, 2024

**Request Type:** Certificate of Existence/Filing

**Request #:** 0005831681

**Receipt #:** 001016941

**Issuance Date:** 07/29/2024

**Copies Requested:** 0

**Regarding:** DWZ Technologies, LLC

**Filing Type:** Limited Liability Company (D)

**Formation/Qualification Date:** 09/23/2021

**Status:** Active-Existing

**Duration Term:** Perpetual

**File # :** 4425874

**Formation Locale:** IDAHO

**Inactive Date:**

## **Certificate of Existence**

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### **DWZ Technologies, LLC**

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

**Idaho Secretary of State**

Processed By: Business Division

**Verification #:** 029933738