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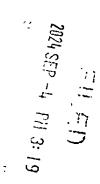
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Special Instructions to Filing Officer:

Office Use Only



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SEP 1 3 2024

COVER LETTER

TO:

Registration Section

BJECT:	Trick Tail Capital, LLC	1			
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.			
ase return	all correspondence concerning this matter to	o the following:			
	Tyler Overstreet				
		Name of Person			
	Trick Tuil Capital, LLC				
		Firm/Company			
	5540 W. Executive Dr., STE 100				
		Address			
	Tampa, Florida 33609				
	C	ity/State and Zip Code			
	legal@getfluent.com				
	E-mail address: (to be	e used for future annual report notification)			
or further in	formation concerning this matter, please cal	It:			
Tyl	er Overstreet	904 314-3574 at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	iling Address:	Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, F1, 32314		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810			
141	iuiiussee. 11. 32314	Tallahassee, FL 32303			
Enc	losed is a check for the following amount:				
	ise make check payable to: FLORIDA DEP \$125.00 Filing Fee S130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

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

IN COMPHANCE WITH SECTION (05,0002, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	orida The	e alternate name must include "Limited Liabilit	y Company." "	L L C," e	<u></u>
Wyoming			99-3443463			
, · •	high foreign firmted liability company is organized)	3.	(FEI number, if	applicable)		
4	(Date first transacted business in Horida, if prior to	revistratio	n 1			
	(See sections 605 0904 & 605 0905, I'S to determ					
30 N. Gould St.		6.	5540 W. Executive Dr., STE 10			
5. (Street Address of Principal Office)			(Mailing Address)			
STE N			Tampa, Florida			
Sheridan, Wyoming 82801			33609			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	1.12	2024 SEP -4	_:.
Name:	Corporate Creations Network Inc.				-4 Fil	;= : 11
Office Address:	801 US Hwy 1			:	3: 2:	ジ
	North Palm Beach		33408 , Florida	777	0	
	(Ciry)		(Zip code)	_		

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.

Karinna Salazar, Special Se	rrelany
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Cansortium Holdings, LLC	□Manager	Name:	
■Member	Address: 5540 W. Executive Dr.	□Member	Address:	
□Authorized	STE 100	□Authorized		
Person	Tampa, Florida 33609	Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

<u>Important Notice:</u> 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.

Samantha Hymes

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,

Trick Tail Capital LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 8, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000823527**.

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 22nd day of August, 2024 at 8:34 AM. This certificate is assigned ID Number 075545824.

Secretary of State