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Division of Corporations

Florida Department of State  
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From: Account Name : BUSINESS FILINGS  
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Email Address: lawny@encoremga.com

**Foreign Limited Liability Company  
Encore Managing General Agency LLC**

|                       |          |
|-----------------------|----------|
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2024 SEP 16 PM 6:08

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SEP 16 2024

K. Brumbley

Fax Audit # H24000314853.3

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. Encore Managing General Agency 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. Montana 3. 993937900
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 567 Spokane Ave.
(Street Address of Principal Office)
Whitefish, Montana 59937

6. 567 Spokane Ave.
(Mailing Address)
Whitefish, Montana 59937

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

Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2024 SEP 16 PM 6:08

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)

Chris Das, A.V.P., Business Filings Incorporated

Fax Audit # H24000314853 3

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: <u>Phillip Salvagio</u>                                 | <input checked="" type="checkbox"/> Manager | Name: <u>David E. Pike</u>                                 |
| <input type="checkbox"/> Member             | Address: _____  | <input type="checkbox"/> Member             | Address: _____   |
| <input type="checkbox"/> Authorized Person  | <u>1420 Wisconsin Ave.,</u><br><u>Whitfish, Montana 59937</u> | <input type="checkbox"/> Authorized Person  | <u>637 Nature Trail,</u><br><u>Whitfish, Montana 59937</u> |
| <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 Person  | _____   | <input type="checkbox"/> Authorized 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 Person  | _____   | <input type="checkbox"/> Authorized Person  | _____  |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____                          | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____                       |

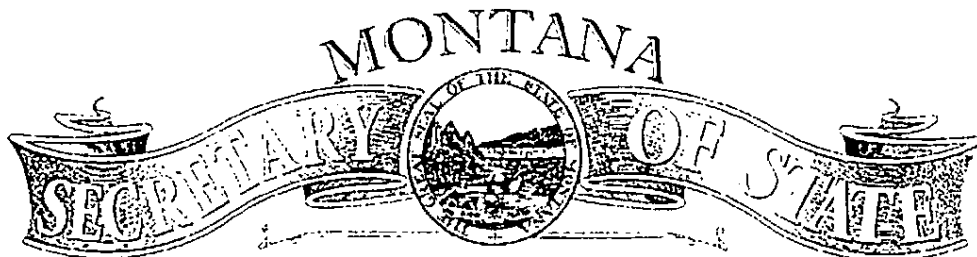
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

David E. Pike  
Signature of an authorized person

David E. Pike  
\_\_\_\_\_  
Typed or printed name of signer



## CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

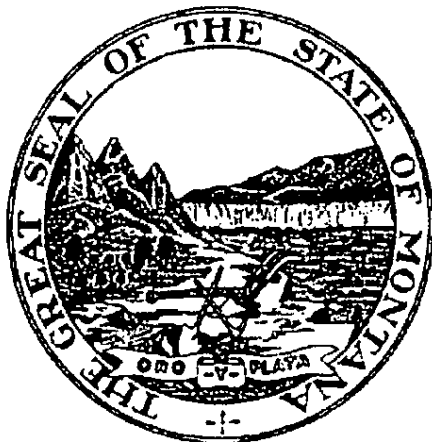
### Encore Managing General Agency LLC

duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **July 11, 2024**, and on that date was authorized to transact business in this state for a term of **perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 12th day of September, 2024.

*Christi Jacobsen*

**Christi Jacobsen**  
Montana Secretary of State

Certificate Number: 60593827