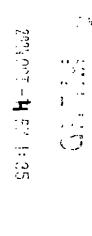
## M24000012728

(F	Requestor's Name)	
(/	Address)	
( <i>f</i>	Address)	
(0	City/State/Zip/Pnone #)	
PICK-UP	WAIT	MAIL
3)	Business Entity Name)	
))	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
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DATE: 10/4/2024

NAME: 20010 VENTURES LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## COVER LETTER

TO:

Registration Section

UBJECT:	20010 Ventures LLC				
	Name of Limited Liability Company				
he enclosed xistence, ar	l "Application by Foreign Limited Liability of check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo			
lease return	all correspondence concerning this matter to	o the following:			
	Tina Arvin				
		Name of Person			
	Bizjet Law PLLC				
		Firm/Company			
	600 17th St., Suite 2800S				
		Address			
	Denver, CO 80202				
	C	ity/State and Zip Code			
	jeffvargo65@gmail.com				
	E-mail address: (to be	used for future annual report notification)			
or further in	nformation concerning this matter, please ca	II:			
Tin	a Arvin	720 807-2552 at ( )			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Ma	iling Address:	Street Address:			
	gistration Section	Registration Section			
Div	ision of Corporations	Division of Corporations			
	D. Box 6327	The Centre of Tallahassee			
Tal	lahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEF 125.00 Filing Fee	e & 🔳 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

## 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:

	Limited Liability Company; must include "Limited	Liability Company,	" "L.L.C.," or "LLC,")		
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name	e must include "Limited Liability C	Company," "L.L.C," or "LLC	
Delaware		99-4972	2861		
(Jurisdiction under the law of w	Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	rgistration.) ie penalty liability)			
600 17th Street, Suite	2800-S	6			
eet Address of Principal Office)		(Mail:	ing Address)		
Denver, CO 80202					
Name and street address  Name:	ss of Florida registered agent: (P.O. Box Registered Agent Solutions, Inc.	NOT acceptable	:)	20	
Office Address:	2894 Remington Green Lane, Suite A			"POT	
				<b>-</b>	
	Tallahassee	F	32308 Florida		
	Tallahassee (Cny)	F	Florida (Zip code)		
signated in this application comply with the provis	(Crty)	rocess for the ab	Florida  (Zip code)  bove stated limited liability and agree to act in this	capacity. I furthe	

(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: Klaas Vlietstra Jeffrey Vargo Name: ■ Manager Name: ■ Manager 600 17th Street, Suite 2800-S 600 17th Street, Suite 2800-S Address: ☐ Member Address: □ Mcmber Denver, CO 80202 Denver, CO 80202 ☐ Authorized □ Authorized Person Person Other Other Other Other Name: □Manager ☐Manager Name: ☐ Member □ Member Address: Address: ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other Other Other □Manager Name: ☐ Manager Name: \_\_\_\_\_\_ □Member Address: □Member Address: \_\_\_\_\_ ☐ Authorized □ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ ☐ Other\_\_\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person

Jeffrey Vargo, Manager

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "20010 VENTURES LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "20010 VENTURES LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204558270

Date: 10-04-24

4922372 8300 SR# 20243868870