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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/29/2024			
Name:	Patrice Rush	_		
Reference a	#:2535334	<u> </u>		
	e:BLACK H	ILL PLACE, LLC		
	eles of Incorporation/Authorization			
☐ Ame	endment			
Char	nge of Agent			
Rein	statement			
Conversion				
☐ Merg	ger			
☐ Dissolution/Withdrawal				
Fictitious Name				
☐ Othe	er			
Authorized	Amount: \$125.00			
Signature: _	(Partille			

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Black Hill Place, 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 Florids. The alternate name must include "Lumited Lisbibity Company," "L.L.C." or "LLC.") Nevada (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 4124 Black Hill PI 8302 Earlwood Ave (Street Address of Principal Office) (Mailing Address) Mount Dora, FL 32757 Lake Havasu, A2 86406 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun St. Suite 4 Office Address: 32301 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.

(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: Name and Address: Title or Capacity: Matt Lowe ✓ Manager Name: Name: _____ 4124 Black Hill Pl **¥** Member Address: Address: _____ Lake Havasu, AZ 86406 ☐ Authorized Authorized Person Person Other____ Other Other Other___ Name: _____ Manager Manager Name: _____ Member Address: ____ ☐ Member Address: Authorized ☐ Authorized Person Person Other____ Other Other_ Other____ Manager Name: _____ 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 athird degree felony as provided for in s.817.155, F.S. Signature of an authorized person Matt Lowe

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Black Hill Place**, **LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/28/2024, and in good standing in this State.

Certificate Number: B202410285140402

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/28/2024.

FRANCISCO V. AGUILAR Secretary of State