

M24 0000 14410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

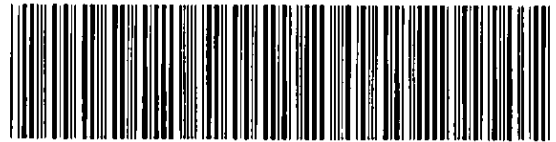
(Document Number)

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

Special Instructions to Filing Officer:

W24 000142275

Office Use Only



400437401394

2024 NOV 12 AM 9:59

2024 NOV 12 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rise Up Campout FL LLC

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:

Vaughn Carrick

Name of Person

Live Nite Events, LLC

Firm/Company

30 E BROADWAY STE 301

Address

SALT LAKE CITY, UT 84111

City/State and Zip Code

VAUGHN@LNEPRESENTS.COM

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

For further information concerning this matter, please call:

VAUGHN CARRICK

801

652-7955

at ( )

Name of Contact Person

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. \_\_\_\_\_  
(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. (Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-4514665  
(FEI number, if applicable)

01/01/2025

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

5. 30 E BROADWAY STE 301  
(Street Address of Principal Office)

6. 30 E BROADWAY STE 301  
(Mailing Address)

SALT LAKE CITY, UT 84111

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

Name: RYAN WAIER

Office Address: 4260 14th Street NE

St Petersburg, Florida 33703  
(City) (Zip code)

FILED  
2024 NOV 12 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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.

Ryan Waier  
(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]:

<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: Vaughn Carrick	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 30 E BROADWAY STE 301	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SALT LAKE CITY, UTAH 84111	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

*Vaughn Carrick*

\_\_\_\_\_  
Signature of an authorized person

Vaughn Carrick

\_\_\_\_\_  
Typed or printed name of signee



SPENCER J. COX  
*Governor*

DEIDRE M. HENDERSON  
*Lieutenant Governor*

## UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE  
*Executive Director*

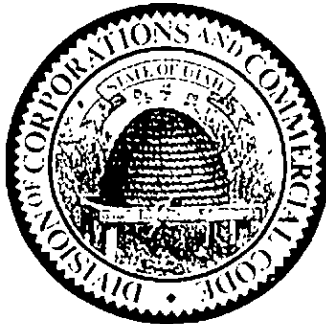
ADAM WATSON  
*Division Director*

October 28, 2024

# CERTIFICATE OF EXISTENCE

**Registration Number:** 14086552-0160  
**Business Name:** RISE UP CAMPOUT FL. LLC  
**Principal Office Address:** 30. E BROADWAY STE 301, SALT LAKE CITY, UT 84111  
**Registered Date:** 07/15/2024  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Current Status:** ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.



*Adam Watson*

Adam Watson

Director

Division of Corporations and Commercial Code

Certificate Number 202410281431369

Enter the certificate number at <https://www.utah.gov> to verify this certification