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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

强Email Address:_

Foreign Limited Liability Company BOYD-PACHTER, LLC

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173V 1 8 2024

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BOYD-PACHTER, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.") (II name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "ELL C." or "LLC.") Kansas 88-3228806 Unrisdiction under the law of which foreign limited liability company is organized) (FEI number, (Lapplicable) (Date first transacted business in Florida, 11 poor to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 16800 S Grace Dr 16800 S Grace Dr (Street Address of Principal Office) (Mailing Address) Village of Loch Lloyd MO 64012 Village of Loch Lloyd MO 64012 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg (City) 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)

To: 18506176383

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: Claire B. Boyd Living Trust | □Manager | Name: William J. Pachter Trust |
| € Alember | Address: 16800 S Grace Dr | Member | Address: 10400 Howe Lane |
| □Authorized | Village of Loch Lloyd MO 64012 | □Authorized | Leawood KS 66206 |
| Person | | Person | |
| Other | Other | Other | □ Other |
| 5November | Name: | Fi Managara | N |
| □Manager | | □Manager | Name: |
| € . Member | Address: 16800 S Grace Dr | □Member | Address: |
| TAuthorized | Village of Loch Lloyd MO 64012 | □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.

| NVVI SV | nistre en | |
|-----------|---|--------------|
| · | Signature of an authorized person | |
| Nat Smith | | |
| - | Land the point of a single former | - |

STATE OF KANSAS OFFICE OF SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

1, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 7679293

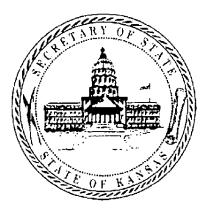
Business Name: BOYD-PACHTER, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on July 12, 2022, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof: I affix my official certification seal. Done at the City of Topeka, on this day November 14, 2024.

SCOTT SCHWAB KANSAS SECRETARY OF STATE

Certification Number: 913206-20241114 To verify the validity of this certificate please visit https://www.sos.ks.gov/eforms/BusinessEntity/CertifiedValidationSearch.aspx and enter certificate number.