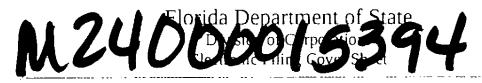
**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

Enaeri the email address for this business entity to be used for future ្តីដីង្គីnual report mailings. Enter only one email address please.\*\*

Email Address:\_

### **Foreign Limited Liability Company EQUUMET LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Help

12/10/2024 08:47:11 PST To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLANCE WITH SECTION 6050502, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EQUUMET LLC (Name of Foreign	Limited Liability Company; must include "Limited	d Liabiht	y Company," "L.L.C.," or "LLC."		
(II name unavailable, enter alternate)	name adopted for the purpose of transacting business in H	lorida. The	alternate name must include "Ulimited Liability Compa	anv." "L'E.C." or "LLC.")	
WA 2.		3.	83-1450647		
Chirisdiction under the law of w	hich foreign limited liability company is organized]		(FEI number, if applicab	ele)	
4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 to 605 0905; F.S. to determi	registration me penalty	prepagal)		
7901 4th St N STE 300		6.	7901 4th St N STE 300		
(Street Address of Principal Office)			(Mailing Address)		
St. Petersburg, FL 33702			St. Petersburg, FL 33702		
	<del></del>				
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	20	
	Decision of Assertation			2024 DEC	
Name:	Registered Agents Inc			61.03	
Office Address:	7901 4TH ST N STE 300			0 FH	
	ST. PETERSBURG		33702 , Florida	Ç	
	(Cgy)	-	( PiOriga	<b>ာ</b> က	

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 light live)

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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: Elizabeth, Christine □ Manager □Manager Name: **■** Member □ Member Address: Address: 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg, FL 33702 Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other ○Other
 ○ Name: □Manager Name: □ Manager Address: Address: □Member □ Member []Authorized []Authorized Person Person □Other\_\_ Other □ Other\_\_\_\_\_ □Other\_\_\_\_ Name: Name: ∐Manager ∐Manager. Address: \_\_\_\_\_ Address: \_\_\_\_\_ □Member □ Member □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. Robin Jones

Typed or printed name of signee



# Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

### EQUUMET LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/23/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/29/2024 UBI Number: 604 310 063

te R Hobbie

- 122



2/10/2024 08:47:11 PST

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobby, Secretary of State

Date Issued: 11/29/2024