

MA240000/5636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

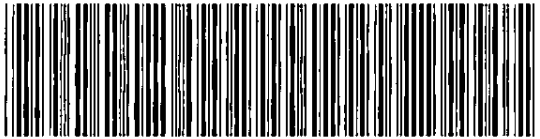
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/08/24--01025--008 **125.00

2024 NOV -3 PM 9:00

FD



T. LEMIEUX
DEC 16 2024



November 1, 2024

VIA FIRST CLASS MAIL

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Maricamp Partners, LLC / FL Foreign Qualification

To whom it may concern:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a check in the amount of \$125.00 on behalf of Maricamp Partners, LLC. Upon approval, please return a file stamped copy to me electronically via email (megans@btjd.com) or by mail to the following address:

Bennett Tueller Johnson & Deere
c/o Meg Stubblefield
3165 East Millrock Drive, Suite 500
Salt Lake City, Utah 84121

Should you require any further information to complete this request, please contact me via email or by phone directly at (801) 930-6564. We look forward to receiving approval of the foreign registration and compliance with your state.

Sincerely,

Megan Stubblefield
Legal Assistant

Enclosures

3165 East Millrock Drive
Suite 500
Salt Lake City, Utah
84121-4704

t (801) 438-2000
f (801) 438-2050
www.btjd.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maricamp Partners, 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:

Megan Stubblefield

Name of Person

Bennett Tueller Johnson & Deere

Firm/Company

3165 E Millrock Drive, Suite 500

Address

Salt Lake City, UT 84121

City/State and Zip Code

Email for annual report: justin@tailwindus.com (Email for initial filing: megans@btjd.com)

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

For further information concerning this matter, please call:

Megan Stubblefield

801

438-2000

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

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:

1. Maricamp Partners, 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Utah 33-1734661
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 768 West Triple Crown Drive
(Street Address of Principal Office)

6. (Mailing Address)

Mapleton, Utah 84664

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee 32301
(City) , Florida (Zip code)

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)

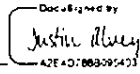
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Justin Alvey	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 768 West Triple Crown Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Mapleton, Utah 84664	<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.



 Signature of an authorized person

Justin Alvey

 Typed or printed name of signer



SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

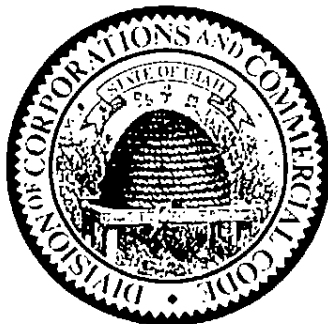
ADAM WATSON
Division Director

October 31, 2024

CERTIFICATE OF EXISTENCE

Registration Number: 14508431-0160
Business Name: MARICAMP PARTNERS, LLC
Principal Office Address: 768 WEST TRIPLE CROWN DRIVE, MAPLETON, UT 84664
Registered Date: 10/29/2024
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

Director

Division of Corporations and Commercial Code

Certificate Number: 202410311317973

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

Division of Corporations and Commercial Code

Heber M. Wells Building • 160 East 300 South • P.O. Box 146705 Salt Lake City, UT 84114-6741

www.corporations.utah.gov • telephone (801) 530-4800 • toll free in Utah (877) 526-3664 • fax (801) 530-6438