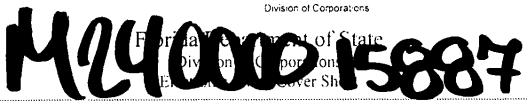
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From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC

Account Number : 120240000024 : (800)508-1726 Fax Number : (702)514-6187

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

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Foreign Limited Liability Company LYNN LEGACY SOLUTIONS, LLC

| Certificate of Status | 1 |
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| BJECT: | Nam | e of Limited Liability Company |
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| | "Application by Foreign Limited Liability | Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida. |
| ease return | all correspondence concerning this matter to | o the following: |
| | M. Contreras | |
| | | Name of Person |
| | NCH Registered Agent | |
| | | Firm/Company |
| | 1450 Vassar St | |
| | ······ | Address |
| | Reno NV 89502 | |
| | | ity/State and Zip Code |
| | renewals@nchinc.com | |
| | E-mail address: (to be | used for future annual report notification) |
| or further in | formation concerning this matter, please ca | i: |
| NCH Registered Agent | | 800 508-1726 at () |
| | Name of Contact Person | Area Code Daytime Telephone Number |
| Mailing Address: | | Street Address: |
| - | istration Section ision of Corporations | Registration Section Division of Corporations |
| | . Box 6327 | The Centre of Fallahassee |
| | ahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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

IN COMPLIANCE WITH SECTION 608,0002 FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGO. LIMITED HABILITY COMPANTTO TRANSACT BUSINESS INTITE STATE OF FLORIDA: LYNN LEGACY SOLUTIONS, LLC (Name of Foreign Lamited Liability Company: must include "Limited Liability Company." "L.L.C.," or "U.C.") (1) name unavailable, ever alternate name adopted for the purpose of transacting business in Florida. The abertiage name must metade "Florida Company," (1.1.C.) or (1.1.C.) Wyoming Durisdiction under the law of which foreign immed liability company is organized) (Date first transacted business in Horido, if piper to registration.)
(See sections 605 0907 & 608 0903, F.S. to determine penalts finishing) 1812 SE 1St Terrace 1812 SE 1St Terrace 6. (Moting Address) 5. (Street Address of Principal Office) Cape Coral, FL 33990 Cape Coral, FL 33990 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NCH Registered Agent Name: 390 North Orange Ave., Std.2300-N Office Address: Orlando 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.

Part Like

| Name: Stacia Goodman | Title or Capacit | <u> </u> | Name and Address: |
|------------------------------|------------------|---|---|
| | □Manager | Name. | |
| Address: 1812 SE 1St Terrace | □Member | Address: | <u>.</u> . |
| Cape Coral, FL 33990 | ⊞Authorized | | |
| | Person | | |
| | □Other | | □Other |
| Name: | ∐Manager | Name: | |
| Address: | □Member | Address: | *************************************** |
| | ClAuthorized | | |
| | Person | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Other | Other | •••••• | DOther |
| | | | |
| Name: | □Manager | Name: | *************************************** |
| Address: | ### DMcmber | Address: | |
| | □Authorized | *************************************** | |
| | Person | | |
| Other | Other | | TOther |
| | | Person Other | Person |

Typed or printed name of signer

STATE OF WYOMING Office of the Secretary of State

I. CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

LYNN LEGACY SOLUTIONS, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 18**, **2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001555649**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed. authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of December, 2024 at 9:57 AM. This certificate is assigned ID Number 079141931.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo gov and following the instructions displayed under Validate Certificate.