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(Re	questor's Name)
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PICK-UP	
FICK-OF	
(Bu	siness Entity Name)
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(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	Office Use Only
	K. SALY
	DEC 2 0 2024



FILED 2024 DEC 19 PH 2: 47 2024 DEC 19 PH 2: 47

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CSC - Tallahassee 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500. Ext: x61563

To: Department Of State, Division Of Corporations From: Shauna Godbolt Ext: x61563 Date: 12/19/24 Order #: 1730287-4 Re: Santiam Sunbim Jv, LLC Processing Method: Routine

Section -

TO WHOM IT MAY CONCERN:

Enclosed please find: Application for Certificate of Authority Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195 Certificate of Good Standing from State of Incorporation

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

		COVER LETTER
	stration Section ion of Corporations	
	Santiam Sunbim Jv, LLC	
SUBJECT: _	Nam	e of Limited Liability Company
The enclosed ' Existence, and	"Application by Foreign Limited Liability (I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florid
Please return a	all correspondence concerning this matter to	to the following:
		Name of Person
		Firm/Company
		Address
	C	City/State and Zip Code
For further inf	E-mail address: (to be formation concerning this matter, please ca	e used for future annual report notification)
or further in	ormation concerning this matter, prease en	
	Name of Contact Person	at ()
Regi Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: the make check payable to: FLORIDA DEI 125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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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-LEMITED LIABILITY COMPANY TO TRANSACT BUSINENS IN THE STATE OF FLORIDA:

1 Santiam Sunbim Jv, LLC

if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida The alternate name must i	nclude "Limited Liabili	ty Company," "L.I. C," or '	-LLC
Delaware		93-1691152 3.			
(Jurisdiction under the Liw of w	hich foreign limited liability company is organized)		(FEI number, if	applicable)	-
I	Date fust transacted business in Florida, it prior to re	eistration i		_	
	(Date first uansacted business in Florida, it prior to re (See sections 605 0904 & 605 0905, F.S. to determine	e penalty liability)			
20411 SW Birch Stre	et #310	Same			
5. Street Address of Principal Office)		6(Mailing Add	(555)		
Newport Beach, CA S	92660				_
					_
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		2024 I	_
Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box Corporation Service Company	<u>NOT</u> acceptable)		ECT	
				ECT	

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.

Corporation Service Company

.Shauna Godbolt_ By:

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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:	<u>Title or Capacity:</u>	Name and Address:	
Manager	Name:	🔳 Manager	Scott Canada	
□Member	Address:	□Member	Address:	
Authorized	St Louis MO 63131	Authorized	St Louis MO 613131	
Person		Person		
□Other	Other	□Other	Other	
Manager	Name:	Manager	Rico Bertucci	
Member	Address:	⊡Member	12851 Manchester Rd	
□Authorized	St Louis MO 63131	□Authorized	St Louis MO 63131	
Person		Person		
□Other	Other	Other	Other	
Manager	Name:	⊡Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	London UK WC2H 9JQ	□Authorized		
Person		Person		
□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.

AZE	
Signature of an authorized person	
Ben Callam	

Ben Callam

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANTIAM SUNBIM JV, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANTIAM SUNBIM JV, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Page 1



Jeffrey W. Bullock, Secretary of Stat

Authentication: 205180349

Date: 12-18-24

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SR# 20244545122 You may verify this certificate online at corp.delaware.gov/authver.shtml