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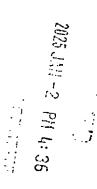
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### COVER LETTER

he enclosed "A xistence, and c	Application by Foreign Limited Liability (	e of Limited Liability Company  Company for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Florida in the following:  Name of Person  Firm/Company	
xistence, and c	correspondence concerning this matter to Steve Lampson  Vantag Point ITAD, LLC	referenced foreign limited liability company to transact business in Floothe following:  Name of Person	
lcase return all	Steve Lampson Vantag Point ITAD, LLC	Name of Person	
	Vantag Point ITAD, LLC		
		Firm/Company	
	7725 W Reno Ave., Ste 395	Firm/Company	
	7725 W Reno Ave., Ste 395		
		Address	
	Oklahoma City, OK 73127		
	C	ity/State and Zip Code	
	slampson@vantagepointitad.com		
	E-mail address: (to be	used for future annual report notification)	
or further infor	mation concerning this matter, please cal	1:	
Steve Lampson		405 896-8400	
		at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallah	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	ed is a check for the following amount: make check payable to: FLORIDA DEP	ARTMENT OF STATE	



December 17, 2024

STEVE LAMPSON 7725 W RENO AVE STE 395 OKLAHOMA CITY, OK 73127

SUBJECT: VANTAGE POINT ITAD Ref. Number: W24000165328

We have received your document for VANTAGE POINT ITAD and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 924A00027417

RECEIVED

JAN - 2 2025

# 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: Vantage Point ITAD , LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavaitable, outer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 3. 82-3064600 Okłahoma (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. (Street Address of Principal Office) (Mailing Address) 7725 W Reno Ave., Ste 395 Oklahoma City, OK 73169 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. 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)

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: Peter Roberts	⊠Manager	Name:
□Member	Address: 3620 Redmont Trace	□Member	Address: 2528 Amy Court
□Authorized	Edmond, OK 73034	□Authorized	Piedmont, OK 73078
Person		Person	
□Other	Other	□Other	Other
Z Manager	Cecil Stansberry Name:	□Manager	Name:
⊒Member	Address:	□Member	Address:
□Authorized	Okla. City, OK 73169	□Authorized	
Person		Person	
□ Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
☐Authorized		□Authorized	
Person		Person	
Other		Other	Other

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 Steve Lampson Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE



# CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

A FURTHER CERTIFY that <u>VANTAGE POINT ITAD LLC</u> whose registered agent is <u>STEFEN MURRAY LAMPSON</u>, with its registered office at <u>7725 W RENO AVENUE SUITE 395 OKLAHOMA CITY 73169 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 30th, day of December, 2024.

Secretary Of State