

M1250000007893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

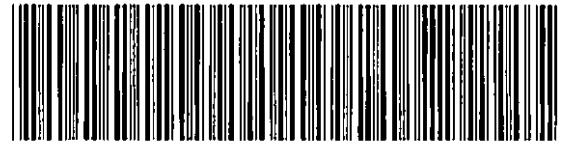
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12573963

Office Use Only



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05/22/25--01016--018 \*\*125.00

FILED  
CLERK OF STATE  
25 MAY 30 PM 3:29

AS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2025

KELSIE BALDWIN  
97 E. LAKE FORK RD  
P.O. BOX 2022  
MCCALL, ID 83638 US

SUBJECT: EVENKEEL, LLC  
Ref. Number: W25000073963

We have received your document for EVENKEEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 .

Emani D Manning  
Regulatory Specialist II

Letter Number: 525A00011606

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EvenKeel, 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:

Kelsie Baldwin  
Name of Person  
EvenKeel, LLC  
Firm/Company  
97 E. Lake Fork Rd P.O. Box 2022  
Address  
McCall, Idaho 83638  
City/State and Zip Code  
kelsie@evenkeelgear.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelsie Baldwin at (208) 630-4305  
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. EvenKeel, 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. Idaho  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI 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. 97 E Lake Fork RD  
(Street Address of Principal Office)  
McCall, ID 83638

6. P.O. Box 2022  
(Mailing Address)  
McCall, ID 83638

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
25 MAY 30 PM 3:29

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

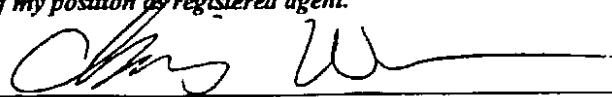
Name: Christian Wann

Office Address: 7802 Burnside Lp

Pensacola, Florida 32526  
(City) (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)

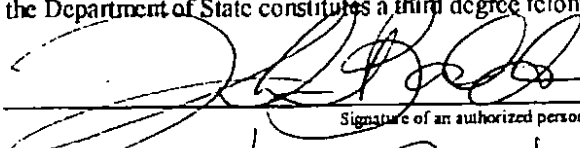
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Kelsie Baldwin</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>97 E. Lake Fork Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>McCall, ID 83638</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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  
Kelsie Baldwin  
 \_\_\_\_\_  
 Typed or printed name of signee



# STATE OF IDAHO

Phil McGrane | Secretary of State  
Business Office  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720

May 12, 2025

**Request Type:** Certificate of Existence/Filing

Issuance Date: 05/12/2025

Request #: 0006249678

Copies Requested: 0

Receipt #: 001146325

**Regarding:** EVENKEEL, LLC

Filing Type: Limited Liability Company (D)

File #: 624949

Formation/Qualification Date: 09/06/2018

Status: Active-Existing

Formation Locale: IDAHO

Duration Term: Perpetual

Inactive Date:

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### **EVENKEEL, LLC**

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane  
Idaho Secretary of State

Processed By: Business Division

Verification #: 034249128

**RECEIVED**

**MAY 27 2025**