Division of Corporations

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(((H25000227036 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_

Foreign Limited Liability Company Regen PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. SALY

JUN 2 6 2025

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171

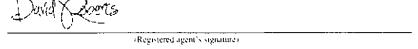
Jun 26, 2025 09 41 , To: -18506176383 Fax 18134365206 Page 2/4

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

IN COMPLANCE WITH SECTION 6050002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Regen PLLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") REGEN AECILLO If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "I mote all ability Company," "ELC," or "FLC," Idaho 832796953 (Jurisdiction under the law of which foreign limited liability company is organized) (H.J. number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 217 S. 11th St. 217 S. 11th St. (Mailing Address) (Street Address of Principal Office) Boise Idaho 83702 Buise ID 83702 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 Florida (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.



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 Capacit	<u>ly:</u>	Name and Address:
XManager	Name: Nathan Bounds	⊡Manager	Name:	
□Member	Address: 217 S. 11th St.	□Member	Address:	
□Authorized	Boise ID 83702	□Authorized		
Person		Person	*****	
□Other		□Other	···	□Other
□Manager	Name:	□Manager	Name;	是是 丁
□Member	Address:	□Member	Address:	- 5-1 (N) 1 <u></u>
□Authorized		□Authorized		S.
Person		Person		- 12 F 0
□Other	Other	□Other		TOther 5
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	***	□Authorized		
Person		Person		
□Other	□Other	∐Other		□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.

Rubino	サンススシン	
	Signate of an authorized person	
Robin Jones		
	Typed or printed name of signee	

Jun 26, 2025 09,41 . To: +18506176383 Page 4/4 Fax 18134365206



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

June 23, 2025

Request Type: Certificate of Existence/Filing

Request #:

0006326855

Receipt #:

001167817

Regarding:

Regen PLLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 01/22/2019

Status:

Active-Existing

Duration Term:

Perpetual

Issuance Date: 06/23/2025

Copies Requested:

0

3407308

File #:

Formation Locale: IDAHO

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

Regen PLLC

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

FILED
2025 JUN 26 PM 4: 10

Verification #: 034893436

Processed By: Business Division

Phone: 208-334-2301 * Website: sosbiz.idaho.gov