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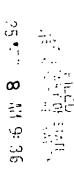
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware		rida. The alternate name must include "Limited Liability Co 86-2074126		
(Jurisdiction under the law of which foreign limited hability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 603.0904 & 605.0905, F.S. to determin	gistration.)		
2693 Union Avenue E		2693 Union Avenue Ext.		
treet Address of Principal Office)		6. (Mailing Address)		-
Suite 201		Suite 201		
Memphis, TN 38112		 	25	<u> </u>
		Memphis, TN 38112		· .
	470 D	NOT	യ	
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	En II	
	C T Corporation System		ؿ	
Name:			သ နာ	'
Office Address:	1200 South Pine Island Road			
	Plantation	33324		
		, Florida		

(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: Name and Address: Title or Capacity: Name: Will Merritt Charles Jumet □Manager □Manager 2693 Union Avenue Ext. Address: ___ 2693 Union Avenue Ext. Address: ■ Member ■ Member Suite 201 Suite 201 □ Authorized □ Authorized Memphis, TN 38112 Memphis, TN 38112 Person Person □Other _____ Other___ []Other_____ ☐ Other_____ Name: ____ Name: _____ □Manager ☐ Manager 2693 Union Avenue Ext. Address: _____ □Member **■**Member Suite 201 □ Authorized □ Authorized Memphis, TN 38112 Person Person □Other_____ Other___ Other____ □Other______ Name: ______ Name: _____ □Manager ☐ Manager Address: ☐ Member Address: _____ □Member ☐ 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. 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. - Signed by Dustin Gees Signature of an authorized person -086E6D88B5E6415

Dustin Geer

Typed or printed name of signed

Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "DELTA FIELD SERVICES, 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 FOURTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELTA FIELD SERVICES, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2021.

ANY OF THE PARTY O

Charuni Patibanda-Sanchez, Secretary of State

C. B. Sanchez

Authentication: 204378589

Date: 08-04-25