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| | To: | Division of Corporations Fax Number : (850)617-6 | 383 | | | | |
|-------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------|----------------------------------|-----------------------|-----------|--|
| | From: | Account Name : REGISTERED Account Number : 1200900000 Phone : (307)200-2 Fax Number : (855)330-1 | 81 803 | , | | | |
| 90 | anr | the email address for this bound report mailings. Enter o | only one ema | ity to be used il address ple | ease.** | 22 MAY 24 | |
| F.H L | nga gangangang ng Angha Sana mananananan ara | Foreign Limited I Mtn&S | | mpany | Jr či le E FLORIDA | PH 12: 29 | |
| 2022 HAY 24 | - :- | Certificate of Status Certified Copy Page Count | | 0 0 04 | | | |
| | | Estimated Charge | | \$125.00 | 71 | | |

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

ECTRONIAGOOD BY ORIGH STATESTED FOR OUTSOMENT IS SURVICITED TO REGISTER A FOREIGN LIMITED LIABILITY

| | name adopted for the purpose of transacting business in Ft | | | mpany," "L.L | .C." or "E L! | C." |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------|-------------------|---------------|-----|
| Nevada (Durischetion under the law of which foreign limited liability company is organized) | | 3. 851138228 (FU number, if applicable) | | | | |
| | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections (4/5,0904 & (4)5,0905, F.S. to determi | registration | i liabilityi | | | |
| 7901 4th St N STE 300 | | , - | 7901 4th St N STE 30 | 0 | | |
| St. Petersbi | urg FL 33702 | | St. Petersburg FL 337 | 02., | ~> | |
| · | | | | - - 20 | 22 F | |
| | 4.00 | | | <u> </u> | HAY | |
| vame and <u>street addres</u> | ss of Florida registered agent: (P.O. Box | NOT a | acceptable) | SSEE. FI | 24 PMI | |
| Name: | Registered Agents Inc. | | | 10130 21743 | PM 12: 29 | |
| Office Address: | 7901 4th St N STE 300 | | | • | | |
| | St. Petersburg | | . Florida 33702 | | | |
| (Cny) | | | (Zip code) | | | |

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.

| Buc Hame | | |
|----------|-------------------------------|------|
| | (Registered agent's standard) | |

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Robert Fano Name: □Manager □ Manager Address: □Member **⊠** Member Address: _____ 7203 N. Lake BLVD □ Authorized □ Authorized Tahoe Vista CA 96148 Person Person □Other_____ □Other Other____ □Other_ _{Name:} Brandi Fano Name: ______ □ Manager □Manager Address: ____ ☐ Member **⊠**Member Address: 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg FL 33702 Person Person □Other _____ □Other____ □Other____ ☐Other__ Name: Name: _____ □Manager □ Manager

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.

□Member

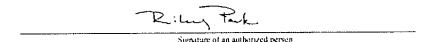
□ Authorized

Person

Address: ______

□Other______

- 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.



Address: _____

□Other _____

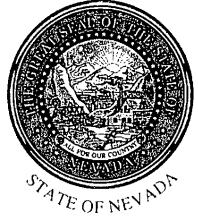
□Member

□ Authorized

Person

□Other

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Mtn&Sea, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/21/2020, and is in good standing in this state.

Certificate Number: B202205232686761

You may verify this certificate online at http://www.avsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/23/2022.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State