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(((H23000111215 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

mail	Address:				
		 _			
-					

Foreign Limited Liability Company Rocky Mountain Processing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



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

Rocky Mountai	n Processing, LLC		.9
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Company," "L.E.C.," or "LE.C.")	۱ مید
			·
se unavailable, enter alternate :	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Liability Compan-	v," "E.I. C," or "LLC C
Colorado		3. 83-3308522	
lurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)
	(Date first transacted business in Florida, if prior t (See sections 6/15,0904 & 605,0905, F.S. to detern	o registration) nine penalty liability)	
5900 Balcones	Drive STE 100	6. 404 W South St #1247	-}-
(Address of Principal Office)	· · · ·	(Mailing Address)	<u> </u>
Austin TX 78731		Nixa MO 65714	
lams and streat address	s of Florida registered agent: (P.O. Bo	s NOT accustable)	· -
diffe and street address	s of Florida registered agent. (1.07. Do	x <u>1807</u> acceptance	=
Name:	Registered Agents Inc		•
Office Address:	7901 4th St N STE 300		
	St. Petersburg	. Florida 33702	
	(City)	(Zip code)	
		process for the above stated limited liability co	mpany at the pl
gnated in this applica mply with the provisi	tion, I hereby accept the appointment	as registered agent and agree to act in this capa or and complete performance of my duties, and	

(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: Sanchez, Lori	□Manager	Name:	2
∑ Member	Address:	□Member	Address:	•
□Authorized	7901 4th St N STE 300	□Authorized		(<u>S)</u>
Person	St. Petersburg FL 33702	Person		
□Other	Other	□Other	M	□Other ♀
				C* ·
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	COther	□Other		□Other
				= 1
□Manager	Name:	□Manager	Name:	++
□Member	Address:	□Member	Address:	= 1
□Authorized		□Authorized		<u> </u>
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.

	Retinition forces	
- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Signature of an authorized person	
	ROBIN JONES	
	Typed or printed name of signee	

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO



CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Rocky Mountain Processing, LLC

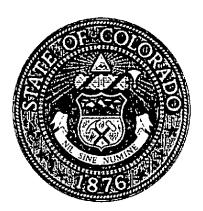
18 a

Limited Liability Company

formed or registered on 04/06/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091195815.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/22/2023 that have been posted, and by documents delivered to this office electronically through 03/23/2023 @ 11:44:38.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/23/2023 @ 11:44:38 in accordance with applicable law. This certificate is assigned Confirmation Number 14808499



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/htz/Certificate/SearchCriteria.do/centering/the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click/Businesses, trademarks, trade names/and select "Frequently Asked Questions".