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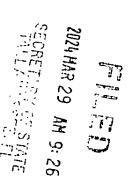
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#### COVER LETTER

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TO:

	fitt Construction LLC						
Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo					
ise return al	correspondence concerning this matter to	o the following:					
	Wallace McMullin						
		Name of Person					
	Witt Construction LLC						
		Firm/Company					
	30 N Gould St STE: N						
		Address					
	Sheridan, WY 82801						
	C	ity/State and Zip Code					
	wally.memullin@gmail.com						
	E-mail address: (to be	e used for future annual report notification)					
further info	rmation concerning this matter, please ca	П:					
Wally McMullin		253 228-4036 at ( )					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee					
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

### 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. Witt Construction of Florida LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(Name of Foreign Witt Construction of SWI	Limited Liability Company: must include "Limite L. LLC	d Liability Compan	y," "L.L.C.,"	or "LLC.")			_
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	orida. The afternate na	ime must includ	le "Limited Liabi	hty Company."	'L.L.C," o	r"Lt.C.")
Wyoming 2.     (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	19-1	9034 (FEI mumber,	1 applicable)		_
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) ine penalty liability)			_		
1984 Robison Dr 5. (Street Address of Principal Office)			Copperhead	d DR			<del></del>
Rexburg, ID 83440		Lehigh	Acres, FL	33936			
7. Name and street addres	ss of Florida registered agent: (P.O. Box Richard Thaver	NOT acceptab	ole)		SECRETA TALLA:	2024 HAR 29	
Name: Office Address:	20700 Copperhead Dr				TARY OF ST	29 AH 9:	
	Lehigh Acres		3: Florida	3936 (Zip code)	31/2	26	

#### 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Seth Bloomfield
■Member	Address: 1984 Robison Dr	■Member	Address: 64 N 3rd West
□Authorized	Rexburg, ID 83440	□Authorized	Rexburg, ID 83440
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Richard Thayer	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized	Lehigh Acres, FL 33936	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□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.

Signature of an authorized person

Richard Thayer

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### Witt Construction, LLC

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on January 30, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001401608.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of March, 2024 at 7:16 AM. This certificate is assigned ID Number 071375828.

huck Jra
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.