Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

FILED: AUG 28, 2024
OREGON SECRETARY OF STATE

230358194-26643318

ST. ELMO EQUITY, LLC **NEWAUT**

REGISTRY NUMBER: 230358194
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME:** St. Elmo Equity, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) **REGISTRY NUMBER IN HOME JURISDICTION**

OR: **CERTIFICATE OF EXISTENCE** ☒ **(ATTACHED)**

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) **DATE OF ORGANIZATION:** 02/27/2024

DURATION, IF NOT PERPETUAL:

4) **STATE OR COUNTRY OF ORGANIZATION:** Delaware

5) **THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).**

6) **NAME OF OREGON REGISTERED AGENT:** Capitol Corporate Services, Inc.

7) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

(Must be an **Oregon Street Address**, which is identical to the registered agent's business office.)

698 12th St. SE, Ste. 200
Salem, OR 97301

8) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:**

1018 Westhaven Blvd, Ste 106
Franklin, TN 37064

9) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

1018 Westhaven Blvd, Ste 106
Franklin, TN 37064

10) **HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?**

☒ This LLC will be member-managed by one or more members.
☐ This LLC will be manager-managed by one or more managers.

11) **EXECUTION:** (At least one member or manager must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
James Murray	James Murray	Manager

CONTACT NAME: (To resolve questions with this filing.)

Emma Lentz, Polsinelli PC

PHONE NUMBER: (Include area code.)

(816)218-1264

FEES

Required Processing Fee $275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business, using the Business Name Search program.