

### LLC-5 **Secretary of State** Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only

## -FILED-

B3178-5557 11/22/2024

File No.: 202464715430 Date Filed: 11/22/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to

https://www.ftb.ca.gov/.	This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attact	ched Certificate of G	ood Standing.)			
Innovative Outdoor Products OR LLC					
1b. California Alternate Name, If Required (Only enter an alter	rnate name if the LL	C name in 1a not available i	n California	.)	
	<del>_</del>			<u> </u>	
2 LiC lucindiation (C				<u>-</u>	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	ed Certificate of Goo	od Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	CCON!				
<del></del>	EGON				
b. Authority Statement (Do not alter Authority Statement)					_
This LLC currently has powers and privileges to conduct bus	siness in the stat	e, foreign country or pl	ace enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b car	nnot be a P.O. Box or "in car	re of' an ind	lividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Code	
318 SW FOREST SUITE B	REDMOND	REDMOND		97756	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	ox City (no abbrevi	City (no abbreviations)		Zip Coo	le
			CA		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	: 🗸 3a 🔲 3b			'	
d. Mailing Address - if different than item 3a or 3b	City (no abbrevi	City (no abbreviations)		Zip Code	
4. Service of Process (Must provide either Individual OR Corporation	on.)			<u> </u>	_
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fi	iull name and Califor	nia street address.			
a, California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Last Name Suf		Suffix
Fred	D	Kindgren			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	State	Zip Code	
2056 Tustin Ave		Newport Beach		92660	
CORPORATION - Complete Item 4c only. Only include the name of the	he registered agent (	Corporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) Do	not complete Item 4a	or 4b			
5. Read and Sign Below (Title not required.)		<del>-</del>			
By signing, I affirm under penalty of perjury that the information	on herein is true	and correct and that I	am autho	rized to	sign
on behalf of the foreign LLC					
1011/	Fred Ki	indgren Fizzo	KING	2000	<b>==</b> 1
	Type or	d Drint Mana	77171	ے (۲۲٪ در	- 2

Fred Kindgren Type and Print Name

Signature

# State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

# **Certificate of Existence 4239174**

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

#### INNOVATIVE OUTDOOR PRODUCTS OR LLC

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Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

GON S GON In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Lavonne Orifin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 11/18/2024



Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.