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H190002589383ABCC

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Mancosh Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Please keep file date 8/27/2019

2019 AUG 27 AM 9:47

SEP 26 2019

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SEP 26 2019

MANCOSH MANAGEMENT, INC.  
1001 N US Highway 1, Suite #702  
Jupiter, Florida 33477

September 23, 2019

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

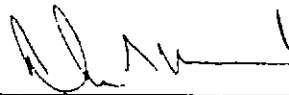
RE: Consent to Use of Name

Ladies and Gentlemen:

The undersigned, Mancosh Management, Inc., a Delaware corporation, hereby gives permission and consents to the use by Mancosh Management, LLC of the name "Mancosh Management, LLC" for all business purposes within and without the State of Florida.

Mancosh Management, Inc.

By:



Name: Douglas G. Mancosh

Title: President

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

(If name not available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-2859420 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1001 N US Highway 1, Suite #702 (Street Address of Principal Office)
Jupiter, Florida 33477
6. 1001 N US Highway 1, Suite #702 (Mailing Address)
Jupiter, Florida 33477

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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FILED

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.

Scott White
Assistant Secretary
(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:

Manager Name: Douglas G. Mancosh

Member Address: 1001 N US Highway 1

Authorized Person Suite #702  
Jupiter, Florida 33477

Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:

Manager Name: The Douglas G. Mancosh Revocable Trust

Member Address: 1001 N US Highway 1

Authorized Person Suite #702  
Jupiter, Florida 33477

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

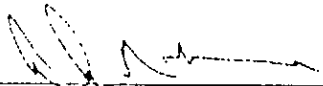
Other \_\_\_\_\_  Other \_\_\_\_\_

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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

Douglas G. Mancosh  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANCOSH MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7578025 8300

SR# 20196742044

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203483483

Date: 08-27-19