

8/12/2021

Division of Corporations

M210001131

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)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
SECRETARIAT ECONOMISTS LLC

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

FILED
21 AUG 12 AM 8:43
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature/initials



Florida Department of State
PO Box 6327
Tallahassee, FL 32314

08/23/2021

To whom it may concern

I hereby release the name Secretariat Economists LLC for use in connection with a registration filing for an entity of the name. This name was reserved by Corporation Service Company on 05/05/2021 under the reservation number R21000000101.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Kitchen".

Elizabeth Kitchen
Corporation Service Company



August 14, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: SECRETARIAT ECONOMISTS LLC
REF: W21000112464

We have received your document for SECRETARIAT ECONOMISTS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Company name is unavailable due to it being reserved by a different party.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H21000305036
Regulatory Specialist II Supervisor Letter Number: 421A00019429

HONOR ORIGINAL DATE 08-12-2021

2021 AUG 25 PM 3:19
SECRETARIAT ECONOMISTS LLC
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

(If name unavailable, 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 52-1203378
(Jurisdiction under the laws of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2 June 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0021 & 605.0025, F.S., to determine penalty liability)

5. 1175 Peachtree Street NE 1175 Peachtree Street NE
(Street Address of Principal Office) (Mailing Address)
100 Colony Square, Suite 400 100 Colony Square, Suite 400
Atlanta, GA 30361 Atlanta, GA 30361

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)

FILED
21 AUG 12 AM 8:43
STATE OF FLORIDA

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.

By: C T Corporation System Denise Bell
(Registered agent's signature) Denise Bell, Assistant Secretary

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>John Little</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Don Harvey</u>
<input type="checkbox"/> Member	Address: <u>1175 Peachtree St Ne, 100 Colc</u>	<input type="checkbox"/> Member	Address: <u>1175 Peachtree St Ne, 100 Colc</u>
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

John CM Little
Signature of an authorized person

John CM Little
Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECRETARIAT ECONOMISTS 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 NINTH DAY OF AUGUST, A.D. 2021.

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



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5890459 8300

SR# 20212929494

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203878232

Date: 08-09-21