

M21000015959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

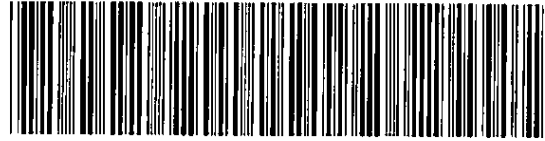
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2021 NOV 12 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

RECEIVED

2021 NOV 12 AM 11:47

TALLAHASSEE, FL 32301

S. HAWKES

NOV 12 2021

DEC 01 2021

K. Brumley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 219793 7198353  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 100.00

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ORDER DATE : November 10, 2021  
ORDER TIME : 8:31 AM  
ORDER NO. : 219793-010  
CUSTOMER NO: 7198353

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FOREIGN FILINGS

NAME: FLEXENTIAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_



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

Flexential Financing 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 11/10/2021
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 600 Forest Circle Point, Suite 100
(Street Address of Principal Office)

6. Same as Principal Office
(Mailing Address)

Charlotte, NC 28273

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 NOV 12 AM 9:50
FILED
APPROVED AND FILED
SECRETARY OF STATE
TALLAHASSEE, 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.

Corporation Service Company
By: Alexis Weind, assistant vice president
(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: Christopher W. Downie  
 Member Address: 600 Forest Point Circle,  
 Authorized Suite 100  
 Person Charlotte, NC 28273  
 Other CEO  Other

**Title or Capacity:** **Name and Address:**

Manager Name: Garth Williams  
 Member Address: 600 Forest Point Circle,  
 Authorized Suite 100  
 Person Charlotte, NC 28273  
 Other CFO  Other

Manager Name: Jill Johnson  
 Member Address: 600 Forest Point Circle,  
 Authorized Suite 100  
 Person Charlotte, NC 28273  
 Other VP of Taxation  Other

Manager Name: David Smolen  
 Member Address: 600 Forest Point Circle,  
 Authorized Suite 100  
 Person Charlotte, NC 28273  
 Other Secretary  Other

Manager Name: Ben Hadary  
 Member Address: 600 Forest Point Circle,  
 Authorized Suite 100  
 Person Charlotte, NC 28273  
 Other SVP & Acting General Counsel  Other

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 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.

DocuSigned by:  
 Ben Hadary  
 Signature of the person

Ben Hadary

Typed or printed name of signee

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of Flexential LLC,  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Delaware.  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

Flexential Financing LLC  
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

DocuSigned by:  
Ben Hadary 11/22/2021  
Signature Authorized Person Date

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLEXENTIAL 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 ELEVENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLEXENTIAL LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2021.

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



  
Jeffrey W. Bullock, Secretary of State

6314997 8300

SR# 20213766828

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

Authentication: 204660136

Date: 11-11-21