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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone

: (800)345-4647

Fax Number

: (800) 432-3622

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

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION CENDYN MANAGEMENT, INC.

Certificate of Status	0
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D. SCOTT MAY 1 0 2017

## **COVER LETTER**

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	-	agement, Inc.					
SUBJECT:			corporation	- must in	nclude suffix		
Dear Sir or M	adam:		•				
"Certificate o	f Existence,"	by Foreign Corporation to tra	of Good Stan	ding" an	id check are sub		
Please return	all correspon	dence concernin	g this matter	to the fo	ollowing:		
Laverne K. Ca	lvert, Paralega	1					
			Name of l	Person			
Bryan Cave LI	LP.						
			Firm/Com	pany			
1201 West Pea	ichtree Street,	NW, 14th Floor					
Atlanta, GA 30	0309-3488		Addro	ss (°		SECRE	五五
laverne.calvert	:@bryancave.c		City/State ar	nd Zip co	ode	ASSL	-9 1-9
		E-mail address:	(to be used f	or future	annual report	notification)	<del>加量 〇</del>
For further in	formation co	ncerning this ma	tter, please o	all:		CORROR	8: 55 8: 55
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Enclosed is a	check for the	following amou	ınt:	<b>*</b>			
□ \$70.00 Fil	ling Fee [	3 \$78.75 Filing Certificate of			Filing Fee & ed Copy	\$87.50 Fi Certificat Certified	te of Status &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Cendyn Manage	·		<u></u>
(Enter name of co	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N,"
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacti	ng business in Florida)
Delaware	3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
5/2/2017	5.		
(Date of incorporation)		(Date of duration, if other	r than perpetual)
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		lity)
980 North Federa	l Highway, Suite 200, Boca Raton, FL 33432		
		office address)	
<del></del>	(Current mailing a	iddress, if different)	
. Name and stree	et address of Florida registered agent: (P.O. 1 CAPITOL CORPORATE SERVICES, INC.	Box <u>NOT</u> acceptable)	A RECORD
ffice Address:	155 OFFICE PLAZA DR STE A		7 6 200
	TALLAHASSEE	, Florida 32301 (Zip code)	
	(City)	(Zip code)	
laving been nam esignated in this urther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rek amiliar with and accept the obligations of n	nt as registered agent and ag utive to the proper and comp	rree to act in this capacit lete performance of my
Ву:	** * .	Asst Sect on behalf of Ca	pitol Corporate Service
	(Registered age	ent's signature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

I. Name	and business addresses of officers and/or directors:	
. DIRE		
hairman;	Charles Dayo, Sole Director	
ddrees: _	980 North Federal Highway, Suite 200	,
_	Boon Raton, Fl. 53432	
ioc Chair:	nan;	
dress: _		
_		
ector: _	The state of the s	
iresa: _		
otor: _		
ress;	•	
	•	•
OFFIC	res	
ident:	Charles Dayo	•
•	980 North Pederal Highway, Suite 200	
	Bosa Raton, FL 33432	
- Preside	Robin Deyo	SEI
ress;	960 North Federal Highway, Suite 200	는
	Book Raton, Pl. 33432	20 % J
etwy: _	Charles Deyo	Ric !
•	980 North Pederal Highway, Suite 200, Boos Raton, FL 33432	
C38:	Charles Deyo	€ <b>7</b> 5
HORRELT	980 North Pederal Highway, Suite 200, Boca Raton, FL 33432	
officer	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affi	irms that the facts stated herein
rd degr	that he or she is aware that false information submitted in a document to the se felony as provided for in a.817.155, F.S.	Department of State constitutes
Charl	to Doye, President  (Torond or intimated name and consciby of nection cioning application)	

PLATE - US/2015 Wollen Stewar Order

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CENDYN MANAGEMENT, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENDYN
MANAGEMENT, INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D.
2017.

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

FILED M 8-55

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6398083 8300 SR# 20173253856

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

Authentication: 202507267

Date: 05-09-17