

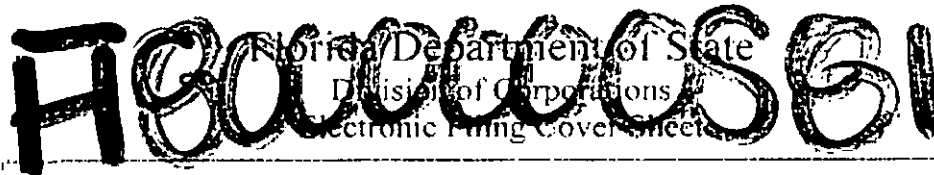
From:

02/05/2018 14:11

#864 P.002/005

Division of Corporations

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To:

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

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

****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 PROFIT/NONPROFIT CORPORATION
CAPITOL ADMINISTRATORS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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D. SCOTT
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From:

02/05/2018 14:11

#864 P.003/005

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.

1. CAPITOL ADMINISTRATORS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/19/1986 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 211 Commerce Street Suite 601 Nashville, TN 37201
(Principal office address)

(Current mailing address, if different)

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

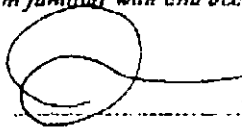
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

 JACQUELINE ALMEIDA ASST. SECRETARY
(Registered agent'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.

From:

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

✓ Director: Brett Rodewald

Address: 201 Commerce Street Suite 601

Nashville, TN 37210

✓ Director: Ryan Schwarz

Address: 1530 Wilson Blvd Suite 1040

Arlington, VA 22209

B. OFFICERS

✓ President: Brett Rodewald

Address: 201 Commerce Street Suite 601

Nashville, TN 37210

Vice President: _____

Address: _____

Secretary: Douglas Thompson

Address: 201 Commerce Street Suite 601, Nashville, TN 37210

Treasurer: Douglas Thompson

Address: 201 Commerce Street Suite 601, Nashville, TN 37210

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Douglas Thompson
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Douglas Thompson, Treasurer
(Typed or printed name and capacity of person signing application)

From:

02/05/2018 14:12

#864 P.005/005

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CAPITOL ADMINISTRATORS, INC.

FILE NUMBER: C1542072
FORMATION DATE: 09/19/1986
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 30, 2018.

A handwritten signature in black ink, appearing to read 'Alex Padilla', is written over the printed name.

ALEX PADILLA
Secretary of State