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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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÷	COVER	LETTER	
			.
TO: Registration Section Division of Corpora			
SUBJECT: Black Cedar N	Management, Inc.		
	Name of corporati	ion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application I "Certificate of Existence," cabove referenced foreign co	or "Certificate of Good Si	tanding" and check are sub-	
Please return all correspond	ence concerning this mat	ter to the following:	=1 ~~
Beverly Pascoe			2020 E.E.E.
	Name	of Person	
Orr Cook			29
	Firm/C	ompany	
818 A1A North, Suite 302	, min	Ompany	FLOGS: 4
	A.d	dress	
Ponte Vedra Beach, Florida 31		uress	ъ –
- Tone vedra Beach, Florida 3.		e and Zip code	· · · · · · · · · · · · · · · · · · ·
bpascoe@orrcook.com	City/Stati	e and zip code	
	E-mail address; (to be use	ed for future annual report n	otification)
For further information con-	·	·	
roi turtier information con	cerning this matter, pieas	e can.	
Beverly Pascoe	904 at (312-7886	
Name of Person	Area C	ode Daytime Teleph	ione Number
STREET/COURI	ER ADDRESS:	MAILING AI	DDRESS:
Registration Section		Registration Section	
Division of Corporations The Centre of Tallahassee		Division of Corporations P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Tallahassee, F	

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.

(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of trans	acting business in Florida
Alabama	·	47.3275966	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
2/27/2015	5.	•	.,
(Date of incorporation)		(Date of duration, if of	ther than perpetual)
August 15, 2020			
(SEE SECTIONS 607.1501 & 607.1501 & 607.164 Ivy Lakes Drive, St. Johns, Florida 32259 (Principal of		2, F.S., to determine penalty h	JUL 29
Name and street	(Current mailing address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	PH 3: 29 EURIDA
Name:	Scott Klesius		
ffice Address:	164 Ivy Lakes Drive		
	St. Johns	. Florida ³²²⁵⁹	
	(City)	(Zip code)	-

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.

A. DIRECTORS			
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
Director	St. Johns, Florida 32259	□Director	
@President		□President	
□Vice President		□Vice President	
Secretary	■ Treasurer	□ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address: 200 JU
□Director		Director	
□President		□ President	29
□Vice President		□ Vice President	PH 3:
☐ Secretary	□Treasurer	Secretary	OR TREBUTET
□Other	□ Other	Other	•
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other	□ Other	Other	□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Departs Signature of Directo	ment of State Annual Re	port form.

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.

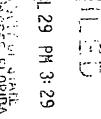
, Scott Klesius, President

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Black Cedar Management, Inc. was formed in Shelby County, Alabama on February 27, 2015. The Alabama Entity Identification number for this entity is 328-733. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/21/2020

Date

X. M. Menill

John H. Merrill

Secretary of State