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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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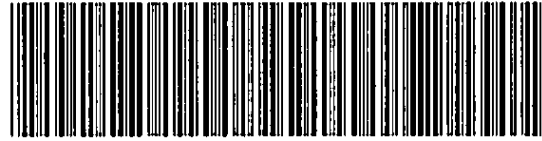
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cardea Capital Group, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hays B. McQueen

Name of Person

James Bates Brannan Groover LLP

Firm/Company

231 Riverside Drive

Address

Macon, Georgia 31201

City/State and Zip code

hmcqueen@jamesbatesllp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hays B. McQueen

at (478) 749-9915

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



JAMES BATES
BRANNAN GROOVER LLP

LAUREN J. JACKSON

EMAIL: LJACKSON@jamesbatesllp.com

DIRECT LINE: 478-749-9926

October 5, 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Cardea Capital Group, Inc.: Foreign Application

To Whom it May Concern:

I hope this finds you doing well. Please find enclosed, an application to register a foreign corporation, a certificate of good standing for the entity and a check for filing fees.

If anything further is needed, feel free to contact me at 478-749-9926 or by email ljackson@jamesbatesllp.com. Thank you for your assistance in this matter.

Sincerely yours,

LAUREN J. JACKSON

/ljj
Enclosures

MACON

231 RIVERSIDE DR ■ MACON, GA 31201
TEL 478.742.4280 ■ FAX 478.742.8720

ATLANTA

3399 PEACHTREE RD NE, STE 1700 ■ ATLANTA, GA 30326
TEL 404.997.6020 ■ FAX 404.997.6021

ATHENS

ONE PRESS PLAC, STE 200 ■ ATHENS, GA 30601
TEL 706.215.8321 ■ FAX 706.215.8322

**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. Cardea Capital Group, 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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 24, 2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 3350 Riverwood Parkway, Suite 2215, Atlanta, Georgia 30339
(Principal office street address)

(Current mailing address, if different)

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

Name: Cristina C. Acosta

Office Address: 1395 Brickell Avenue, 8th Floor, Suite 820

Miami, Florida 33131
(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.

DocuSigned by:
Cristina Acosta
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Carolyn LaRocco
☐ Vice Chairman Address: 3350 Riverwood Parkway, ste 221
☐ Director Atlanta, GA 30339
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Alfredo M. Ruez
☐ Vice Chairman Address: 3350 Riverwood Parkway
☐ Director Suite 2215, Atlanta, GA 30339
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Debora Smith
☐ Vice Chairman Address: 3350 Riverwood Parkway
☐ Director Suite 2215, Atlanta, GA 30339
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other Controller ☐ Other _____

☐ Chairman Name: Neil Fillary
☐ Vice Chairman Address: 3350 Riverwood Parkway
☐ Director Suite 2215, Atlanta, GA 30339
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Carolyn LaRocco
 Signature of Director or Officer

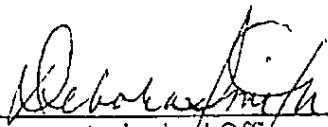
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Carolyn LaRocco
 (Typed or printed name and capacity of person signing application)

STATE OF DELAWARE
CERTIFICATE FOR REVIVAL OF CHARTER

The corporation organized under the laws of the State of Delaware, the charter of which was forfeited for failure to obtain a registered agent, now desires to procure a revival of its charter pursuant to Section 312 of the General Corporation Law of the State of Delaware, and hereby certifies as follows:

1. The name of the corporation is Cardea Capital Group, Inc.
and, if different, the name under which the corporation was originally incorporated _____
2. The Registered Office of the corporation in the State of Delaware is located at 1209 Orange Street (street),
in the City of Wilmington, County of New Castle
Zip Code 19801. The name of the Registered Agent at such address upon
whom process against this Corporation may be served is The Corporation Trust Company
3. The date of filing of the Corporation's original Certificate of Incorporation in
Delaware was 01/24/2020
4. The corporation desiring to be revived and so reviving its certificate of
incorporation was organized under the laws of this State.
5. The corporation was duly organized and carried on the business authorized by its
charter until the 10th day of September A.D. 2021, at which time its
charter became inoperative and forfeited for failure to obtain a registered agent and the
certificate for revival is filed by authority of the duly elected directors of the corporation
in accordance with the laws of the State of Delaware.

By: 
Authorized Officer

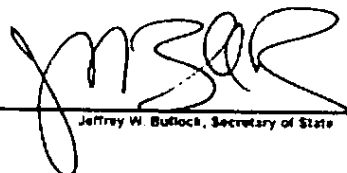
Name: DEBORA SMITH
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CARDEA CAPITAL GROUP, 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 THIRD DAY OF OCTOBER, A.D. 2022.



Jeffrey W. Bullock, Secretary of State

7816133 8300

SR# 20223412558

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

Authentication: 204534616

Date: 10-03-22