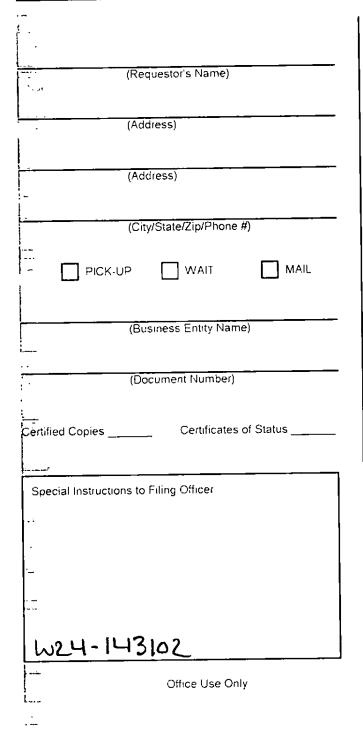
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November 7, 2024

COGENCY GLOBAL

SUBJECT: LINE SERVICES, INC. Ref. Number: W24000143102

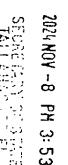
We have received your document for LINE SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name must have a corporate suffix added to the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor



Letter Number: 124A00024555



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/08/2024	
	Cheyanne Davis	
Reference #	2530019	
	LINE S	SERVICES, INC.
	es of Incorporation/Authorizati	
Ame	ndment	
☐ Char	nge of Agent	
Rein	statement	
☐ Conv	version	
Merg	er	
Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
☐ Othe	r	
Authorized /	Amount: \$70.00	
Signature:	(Vhume Paine	

F: 800.944.6607

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. LINE SERVIC			
(Enter name of o	corporation; must include "INCORPORATED," *Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIC)N,"
L	NELEAP .inc.		
(If name unavai	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)
2. DELAWARE	3		
2. DELAWARE (State or country under the law of which it is incorporated) 3.		(FEI number, if applicable)	
4. MAY 31, 2019 5.		(Date of duration, if other	
(Date of incorporation)		(Date of duration, if other than perpetual)	
6	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liabi	ility)
729 WEST 17T	H STREET, 10TH FLOOR, NEW YORK, NY	USA 10011	
	(Principal office	street address)	
	(Current mailing	ddress, if different)	
8. Name and stre	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	2024 OCT
Name:	COGENCY GLOBAL INC.		主義なった
Office Address:	115 N. CALHOUN ST. SUITE 4	_	
	TALLAHASSEE	, Florida <u>32301</u>	
	(City)	(Zip code)	مِن الْحَادِينَ الْحَادِينَ الْحَادِينَ الْحَادِينَ الْحَادِينَ الْحَادِينَ الْحَادِينَ الْحَادِينَ الْحَادِينَ
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service a application, I hereby accept the appointment comply with the provisions of all statutes rela or with and accept the obligations of my posit	nt as registered agent and ag tive to the proper and compl	ree to act in this capacity. I
_	Jaime Torres (Registered agent's sign		
	(Registered agent's sign	aturė)	

under the law of which it is incorporated.

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

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

A. DIRECTORS Name: NICK BECKER Name: PATRICK SKELLY □ Chairman ☐ Chairman □Vice Chairman Address: 29 WEST 17TH STREET Address: 29 WEST 17TH STREET ☐Vice Chairman 10TH FLOOR 10TH FLOOR ☑Director ☑ Director NEW YORK, NY USA 10011 NEW YORK, NY USA 10011 ☑ President □President ☐Vice President ☐ Vice President ☑Treasurer ☐ Treasurer **☑**Secretary ☐ Secretary ☐Other _____ □Other _____ ☐ Other ______ □Other _____ Name: WES SCHROLL Name: MAX SCHAUFF ☐ Chairman □ Chairman Address: 29 WEST 17TH STREET □ Vice Chairman Address: 29 WEST 17TH STREET ☐ Vice Chairman 10TH FLOOR 10TH FLOOR ☑Director ☑ Director NEW YORK, NY USA 10011 NEW YORK, NY USA 10011 □ President ☐ President ☐ Vice President ☐ Vice President _ ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary Other _____ Other ____ □Other Other Name: PAUL BROWN ☐ Chairman □ Chairman □ Vice Chairman Address: 29 WEST 17TH STREET □ Vice Chairman Address: ____ 10TH FLOOR ☑ Director □ Director NEW YORK, NY USA 10011 □ President □ President □Vice President _ ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary 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. Patrick Skelly 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

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 o 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. PATRICK SKELLY, CHIEF EXECUTIVE OFFICER

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LINE SERVICES, 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 EIGHTEENTH DAY OF OCTOBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE REEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINE SERVICES, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

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

at corp delaware gov/auth

Authentication: 204667261

Date: 10-18-24

7445638 8300 SR# 20243987175