

D SCOTT
OCT 17 2017



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: October 16, 2017

Account#: 120000000088

Name: Marisa Kugelman

Reference #: B093581

Entity Name: CITIMARK TAMPA, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125.00

Signature: [Signature]

■ CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40th ST, 10th FL
NY, NY 10016
800.221.0102
+1.212.947.7200

■ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REG. OFFICE IN ENGLAND & WALES
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LONDON EC3A 7BA
+44 (0)20.3786.1090

■ ASIA PACIFIC HQ
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Citimark Tampa, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")
2. Indiana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I.C. number, if applicable)
4. upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.003(4) & 605.003(5), F.S. to determine penalty liability)
5. 350 East New York Street 6. 350 East New York Street
(Street Address of Principal Office) (Mailing Address)
Suite 200
Indianapolis, IN 46204

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

Name: Cogency Global Inc.
Office Address: 115 N. Calhoun St., Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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

Cogency Global Inc.
By: [Signature] Asst Sec.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Matthew Carlstedt</u> <u>350 E. New York St., #200</u> <u>Indianapolis, IN 46204</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

[Signature]
Signature of an authorized person

Matthew Carlstedt, Manager

(Typed or printed name of signer)

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

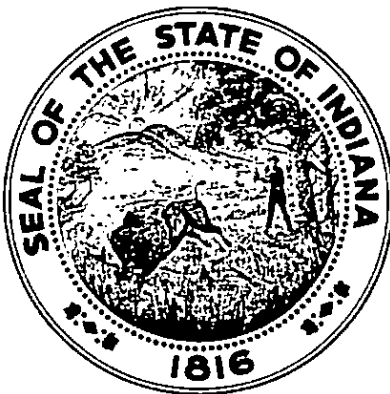
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CITIMARK TAMPA, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 11, 2017, and was in existence or authorized to transact business in the State of Indiana on October 16, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 16, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201709111213508 / 2017429166

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>