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	Fax Number	: (850)617-6383	
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From:			-
	Account Name	: CAPITOL SERVICES, INC.	<u>.</u>
	Account Number	: 120160000017	Ē.
	Phone	: (800)345-4647	·•
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Foreign Limited Liability Company STATE, LLC

Certificate of Status	0	
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Electronic Filing Menu

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Help

D SCOTT

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING 'S SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS INTITIE STATE OF FLORIDA-(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.") Optimize State, LLC (if name unavailable, enter alterente name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC," (Jurisdiction under the law of which foreign limited liability company is organized) (FEI mumber, if applicable) (Date first transacted business in Flurida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.3, to determine penalty imbility) 5. 201 E. Kennedy Blvd., Suite 700 (Mailing Address) (Street Address of Principal Office) Tampa, Florida 33602 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue 2nd Fl Tallahassee 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. Kim Tadlock Asst. Secretary on behalf of Capitol Corporate Services, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager James St. Louis 201 E. Kennedy Blvd., Suite 700 Tampa, Florida 33602 (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.

Typed or printed name of signes

James St. Louis, Manager



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STATE, LLC" IS DULY FORMED UNDER THE
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE FOURTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STATE, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/authver

Authentication: 203680003

Date: 12-04-17

SR# 20177371160
You may verify this certificate online at corp.delaware.gov/authver.shtml

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