| (Requestor's                            | Name)              |  |  |  |
|---|--------------------|--|--|--|
| (Address)                               |                    |  |  |  |
| (Address)                               |                    |  |  |  |
| (City/State/Zip                         | n/Phone #)         |  |  |  |
| PICK-UP W                               | AIT MAIL           |  |  |  |
| (Business En                            | ity Name)          |  |  |  |
| (Document Number)                       |                    |  |  |  |
| Certified Copies Cert                   | ificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |  |  |  |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

| Date: <b>3/1/18</b>                                     | Account#: I20000000088 |
|---|------------------------|
| Name: MERRITT KNICKLE                                   |                        |
| Reference #: <b>L103976</b>                             |                        |
| Entity Name: THE AGENCY COLLECTIVE - FLORID             | OA, LLC                |
| ✓ Articles of Incorporation/Authorization to Transact E | Business               |
| Amendment   |                        |
| Change of Agent   |                        |
| Reinstatement   |                        |
| Conversion  |                        |
| Merger  |                        |
| ☐ Dissolution/Withdrawal                                |                        |
| Fictitous Name  |                        |
| Other   |                        |
|   |                        |
|   |                        |
| Authorized Amount: \$125.00                             |                        |

Signature: WAAY

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. The Agency Collective (Name of Foreign   | e - Florida, LLC<br>n Limited Liability Company, must include "Limite   | d Liability C                | ompany," "L.L.C.," or "LLC.")                              |  |
|---|---|------------------------------|--|--|
| (If name unavailable, enter alternate   | name adopted for the purpose of transacting business in Flo   | nda. The altern              | ate name must include "Limited Liab                        | rility Company," "L.L.C," or "LLC.")                           |
| 2 California  | which foreign limited liability company is organized)   | 3                            |  | er, if applicable)   |
| 4.  | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determi   | registration.)               | ility)   |  |
| 5 331 Foothill Road, St   | uite 100  |                              | 11 Foothill Road, Suite 10                                 | 00   |
| (Street Address of Principal Office)  |   |                              | (Mailing Addr  | tss)   |
| Beverly Hills, CA 90  | 210   |                              | everly Hills, CA 90210                                     | 一  |
|   | •   | <del></del>                  |  |  |
| 7. Name and street addre  | ess of Florida registered agent: (P.O. Box  | NOT acc                      | eptable)   | SEEG   |
| Name:   | Cogency Global Inc.   |                              |  | 70 20  |
| Office Address:   | 115 North Calhoun Street, Suite 4   |                              | <del></del> :  | ORDER TO   |
|   | Tallahassee   |                              | , Florida 32301 (Zip code                                  | 7  |
| to comply with the provi  | ation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.    JKella   Patrick (Registered agent's gent's continuous) | and comp                     | lete performance of my o                                   | luties, and I am familiar with                                 |
| 8. The name, title or cap<br>Title or Capacity:   | pacity and address of the person(s) who ha  |                              | hority to manage is/are:<br>or Capacity:                   | Name and Address:  |
| Manager   | UMRO Realty Corp.   |                              |  |  |
|   | 331 Foothill Road, Suite 100<br>Beverly Hills, CA 90210   | -                            |  |  |
|   |   | <del>-</del>                 |  |  |
| (Use attachments if nece  | ssary)  | -                            |  |  |
| 9. Attached is a certificat jurisdiction under the law of the translator must be 10. This document is exe | e of existence, no more than 90 days old, of which it is organized. (If the certificat  | e is in a fo<br>3 (1) (b), F | reign language, a translati<br>lorida Statutes. I am aware | on of the certificate under oath  e that any false information |
|   | TO THE  |                              |  |  |
|   | Signature   | of an authorize              | и регоол   |  |
|   | Lili A. Skrumbis, Authorized Person   |                              | 6-1  | <u></u>  |
|   | Typed or  | printed name of              | or signed  |  |

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: THE AGENCY COLLECTIVE - FLORIDA, LLC

FILE NUMBER:

201731810303

FORMATION DATE:

11/13/2017

TYPE: JURISDICTION: DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 27, 2018.

> **ALEX PADILLA** Secretary of State