(Requestor's Name)	
(Address)	600311354316
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	04/09/1801040014 **125.00
(Document Number)	
Certified Copies Certificates of Status	18 APR - 9
Special Instructions to Filing Officer:	Alt of 15

Office Use Only

V SULKER 1 1 2018

## **COVER LETTER**

TO:

Registration Section

Div	rision of Corporation	ıs					
SUBJECT:	Forge-Sember Partn	ers II, LLC					
		Name of Limited Liability Company					
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence o	concerning this matter to the	following:				
	Sara L Cardamo	one					
	Name of Person						
	Forge Capital P						
	2501 S MacDil						
			Address				
	Tampa, FL 336						
	City/State and Zip Code						
	scardamone@forgecapitalpartners.com						
	<del>-</del>	E-mail address: (to be used for future annual report notification)					
For further i	nformation concernin	g this matter, please call:			'		
Sar	ra L Cardamone		813 at (	574-6762			
	Name o	f Contact Person	Area Code	Daytin	ne Telephon	e Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET A Division of Registration Clifton Built 2661 Execut Tallahassee,	Corporation Section ding tive Center			
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\text{\$\sigma}\$} \text{\$\text{\$130.00 Filing Fee & } \\  \text{Certificate of Status}	S155.00 Filin Certified Copy			iling Fee. Certificate Certified Copy	

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

	TION 605.0902, FLORIDA STATUTES, THE FO ISINESS INTHE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGIS	TER A FOREIGN LIMITED LIABILITY	
1 Forge-Sembler Partners	s II, LLC			
••	Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LUC."	·)	
(If name unavailable, enter alternate of	same adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "I,LC,")	
2. Delaware		3. 35-2603197		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nun	nbert if applicable)	
4. 4/1/2018				
	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration.) ine penalty liability)		
5. <u>25</u> 01 S. MacDill Ave		6. 2501 S. MacDill Ave		
(Street Address of Tampa, FL 33629	Principal Office)	(Mailing Ad	dress)	
тапра, г.с. 33029		Tampa, FL 33629	<del> </del>	
	<del></del>			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Peter H Collins			
Office Address:	2501 S. MacDill Ave			
	Tampa	, Florida 33629		
Registered agent's accep	(City)	(Zip ce	de)	
to comply with the provis	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered/uyent.	s registered agent and agree to ac and complete performance of my	t in this capacity. I further agree duties, and I am familiar with	
	(Registered agent's signature)			
8. The name, title or can	acity and address of the person(s) who ha	is/have authority to manage is/are:	\$ 50	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
MGR	Robert Moreyra	MGR	Peter H Collins	
	2501 S. MacDill Ave Tampa, FL 33629	- -	2501 S. MacDill Ave Tampa, FL 33629	
MGR	Ron Wheeler	MGR	Greg Sembler	
	5858 Central Ave	<del></del>	5858 Central Ave	
(Use attachments if neces	St Petersburg, FL 33707	_	St Petersburg, FL 33707	
	•			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	duly authenticated by the official he is in a foreign language, a transla	naving custody of records in the stion of the certificate under oath	
10. This document is executed submitted in a document to	outed in accordance with section 605.0201 to the Department of State ponsitutes a th	3 (1) (b), Florida Statutes. I am awa ird degree felony as provided for ir	are that any false information n.s.8 7.155, F.S.	
	- Hum	<u> </u>		
	Signature	of an authorized person		
	Peter H. Lo	llins		
	Typed or	printed name of signee	]	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FORGE-SEMBLER PARTNERS II, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

18 APR-5 KH .5: 49



6371565 8300

SR# 20181890183

Date: 03-27-18

Authentication: 202396215