M90009745

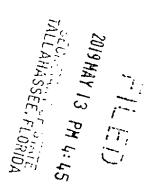
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
|---|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



300328151173





Y SCOTT MAY 1 4 2019



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

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

| Date:05/1 | 13/2019 | | |
|------------------|----------------------------|--------------|--|
| Name: | Merritt Walker | _ | |
| Reference #: | | | |
| | I DON | 'T MIND, LLC | |
| _ | Incorporation/Authorizatio | | |
| Amendmer | nt | | 7019 1 |
| Change of | Agent | | 2019 MAY 13 PH 4: 45 TÄLLAHASSEE FLORIDA |
| Reinstaten | nent | | 3 PH L |
| Conversion | 1 | | FLORI FLORI |
| ☐ Merger | | | 10A |
| Dissolution | /Withdrawal | | |
| ☐ Fictitious N | lame | | |
| Other | | | |
| | | | |
| Authorized Amour | nt:\$125 | | |
| Signature: | am) | | |

F: •852.2682.9790

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:

| me unavailable, enter alternate n | ame adopted for the purpose of transacting business in | Florida. The alterna | te name must include "Limited Lia | bility Company," "L. L.C," or "LLC.") |
|---|---|--|--|---|
| DELAWARE | | 3 | | |
| (Junisdiction under the law of wh | tuch foreign limited liability company is organized) | | (FEI num | her, if applicable) |
| UPON FILING | | | | |
| | (Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to det | r to registration.) ermine penalty liabil | ury) | |
| 8477 BAY COLONY | | 6. <u>84</u> | 77 BAY COLONY DRI | |
| (Street Address of Principal Office) NAPLES, FLORIDA 34108 | | N/ | Mailing Add APLES, FLORIDA 3410 | • |
| TOTAL ELEGIT ECKNOWY | | | TI BES, I BOREDA 5410 | |
| | - | - | ······································ | |
| Name and street address | ss of Florida registered agent: (P.O. E | lox NOT acce | entable) | |
| realite and street actives | | 707 1101 acc | paoloj | |
| Name: | COGENCY GLOBAL, INC. | | | |
| Office Address: | 115 N. CALHOUN STREET, STE. | 4 | _ . | |
| | TALLAHASSEE | | , Florida 32301 | |
| | (City) | | (Zip coc | de) |
| signated in this applica comply with the provisi | tance: gistered agent and to accept service of tion, I hereby accept the appointmen ions of all statutes relative to the proj s of my position as registered agent. | it as registered | l agent and agree to act | in this capacity. I further |
| signated in this applica comply with the provisi | gistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the projes of my position as registered agent. | it as registered | l agent and agree to act | in this capacity. I further |
| signated in this applica comply with the provisi d accept the obligation. | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered age | ner and compo | l agent and agree to act letc performance of my | in this capacity. I further duties, and Tam familiar |
| signated in this applica comply with the provisi d accept the obligation. | gistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the projes of my position as registered agent. | at as registered ner and complete and comple | l agent and agree to act letc performance of my | in this capacity. I further duties, and I am familiar |
| signated in this applica comply with the provisi d accept the obligation. The name, title or capt Title or Capacity: | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: | at as registered ner and complete and comple | I agent and agree to act lete performance of my U I agent and agree to act my ority to manage is/are: | duties, and Jam familiar |
| signated in this applica comply with the provisi d accept the obligation. The name, title or caps | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER 765 N. PARK BLVD. | at as registered ner and complete and comple | I agent and agree to act lete performance of my U I agent and agree to act my ority to manage is/are: | in this capacity. I further duties, and I am familiar HASS |
| signated in this applica comply with the provisi d accept the obligation. The name, title or capa Title or Capacity: | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER | at as registered ner and complete and comple | I agent and agree to act lete performance of my U I agent and agree to act my ority to manage is/are: | in this capacity. I further duties, and I am familiar HASS |
| signated in this applica comply with the provisi d accept the obligation. The name, title or capt Title or Capacity: | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER 765 N. PARK BLVD. | at as registered ner and complete and comple | I agent and agree to act lete performance of my U I agent and agree to act my ority to manage is/are: | in this capacity. I further duties, and I am familiar HASS |
| signated in this applica comply with the provisi d accept the obligation. The name, title or capt Title or Capacity: | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER 765 N. PARK BLVD. | at as registered ner and complete and comple | I agent and agree to act lete performance of my U I agent and agree to act my ority to manage is/are: | in this capacity. I further duties, and I am familiar HASS |
| signated in this applica comply with the provisi d accept the obligation. The name, title or capt Title or Capacity: | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER 765 N. PARK BLVD. | at as registered ner and complete and comple | I agent and agree to act lete performance of my U I agent and agree to act my ority to manage is/are: | in this capacity. I further duties, and I am familiar HASS |
| signated in this applica comply with the provision of accept the obligation. The name, title or capt Title or Capacity: MANAGER | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER 765 N. PARK BLVD. GLEN ELLYN. II. 60137 | at as registered ner and complete and comple | I agent and agree to act lete performance of my U I agent and agree to act my ority to manage is/are: | in this capacity. I further duties, and I am familiar HASS |
| signated in this applica comply with the provisi d accept the obligation. The name, title or capt Title or Capacity: MANAGER | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER 765 N. PARK BLVD. GLEN ELLYN. II. 60137 | at as registered per and complete and comple | I agent and agree to act lete performance of my V nority to manage is/are: or Capacity: | in this capacity. I further duties, and I am familiar ASS SS |
| signated in this applica comply with the provision of accept the obligation. The name, title or captarite or Capacity: MANAGER Attached is a certificate is diction under the law the translator must be second. This document is executed. | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent and Address: DAVID R. KNUEPFER 765 N. PARK BLVD. GLEN ELLYN. II. 60137 | thas registered ner and complete and complet | d agent and agree to act lete performance of my lority to manage is/are: or Capacity: nticated by the official ha cign language, a translat orida Statutes. I am awar clony as provided for in | nightis capacity. I further duties, and I am familiar with a series of the certificate under that any false information of the certificate under that any false information |

Typed or printed name of signer

DAVID R. KNUEPFER, MANAGER

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "I DON'T MIND, 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 THIRTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I DON'T MIND, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2018.

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

2019 HAY 13 PH 4: 45

Authentication: 202812137

Date: 05-13-19

6699264 8300 SR# 20193813037