

M190000060Z

((H19000193055 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Account Name : VCORP SERVICES, LLC
Account Number : T26080000067
Phone : (845) 425-0077
Fax Number : (845) 618-3588

Email Address: statenotices@corpservices.com

19 JUL 20 PM 2:34

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

19 JUN 20 AM 10:47
FLORIDA DEPT OF STATE
TALLAHASSEE, FLORIDA

...

B KINSEY
JUN 21 2019

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

IN COMPLIANCE WITH SECTION 605.06(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Matchraiser LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. Delaware

84-2152069

(Jurisdiction under the laws of which this registered liability company is organized)

(EIN number of applicant)

4. June 20, 2019

(Date first transacted business in Florida, if prior to registration;
(See sections 605.06(1) & 605.06(5), F.S., to determine liability))

5. 121 S Orange Avenue Ste 1500

6. 121 S Orange Avenue Ste 1500

(Street Address of Principal Office)

(Mailing Address)

Orlando, FL 32819

Orlando, FL 32819

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

Name: Vcorp Services LLC

Office Address: 5011 South State Road 7, Suite 100

Davie

33314

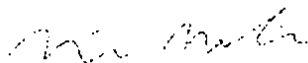
(City)

, Florida

(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.



(Registered agent's signature)

19 JUN 20 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Pier S Bjorklund

☐ Member Address: 121 S Orange Ave Ste 1500

☐ Authorized Orlando, FL 32801

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Nathaniel A. Latimer

☐ Member Address: 121 S Orange Ave Ste 1500

☐ Authorized Orlando, FL 32801

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of an authorized person

Pier S. Bjorklund

Typed or printed name of signer

19 JUN 20 AM 10:47
RECEIVED
OFFICE OF THE
CLERK OF THE
FLORIDA
DEPARTMENT OF
STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MATCHRAISER 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 TWENTIETH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATCHRAISER LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2019.

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



7353281 8300

SR# 20195560953

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203066271

Date: 06-20-19