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Division of Corporations

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From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I2000000088 Phone : (800)221-0102 : (800)944-6607 Fax Number

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Foreign Limited Liability Company STR8 LINE CONSULTING, LLC

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

(Name of Fereign United Liability Company, must include "Limited Liability Company," "LLC," or "	COMPANY TO TRANSACT BU	STR8 LINE CON	ISULTIN	IG, LLC			٠.
Delaware (http://documents.org/linear/company is organized) (Pel number, if applicable) (Pel number, if applicable) (Pel number, if applicable) (Super Address of Praction (050,9904 & 601,0905, F.S. to devarration pecally liability) 10170 Cameilla Street (Super Address of Praction (050,9904 & 601,0905, F.S. to devarration pecally liability) Parkland, FL 33076 Parkland, FL 33076 Parkland, FL 33076 Parkland, FL 33076 Name: COGENCY GLOBAL INC. Office Address: 115 North Calhoun St. Suite 4 Tallahassee , Florida 32301 (Cap 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 plan designated in this application, I hereby accept the apploament as registered agent and agree to act in this capacity. I further agent complete performance of any duties, and I am familiar with componity with the provincians of all statutes releasing to the performance of any duties, and I am familiar with componity with the provincians of all statutes releasing to the performance of any duties, and I am familiar with company and the prior and complete performance of any duties, and I am familiar with	(Name of Fereign	Imited Liability Company; must include "Limi	ted Liability Co	mpany, "LLC.,	" or "LLC.")	-	
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Fax: (850) 617-6383

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: David Fairfield Manager Manager Name: Name: **Manager** Address: 10170 Cameilla Street Member Address: _____ **⊠**Member Parkland, FL 33076 Authorized Authorized Person Person Other Other_____ Other Other_ Manager Name: Name: ______ Manager Address: _______ MemberMember Address: _______ Authorized Authorized Person Person __{Other_____ Other_ Other_ Name: _____ Manager Name: Manager Member Address: _____ Address: Member Authorized Authorized Person Person Other_ Other Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 a.817.155, F.S.

> David Fairfield Typed or printed name of signes

Page: 5 of 5



To:

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STR8 LINE CONSULTING, 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 EIGHTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STR8 LINE CONSULTING, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2019.

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

7479879 8300 SR# 20196034447

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

Authentication: 203239679

Date: 07-18-19