(Re	equestor's Name)	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 888500 8254810

AUTHORIZATION :

COST LIMIT : \$ 1/25\00

ORDER DATE: August 16, 2019

ORDER TIME : 2:27 PM

ORDER NO. : 888500-005

CUSTOMER NO: 8254810

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### FOREIGN FILINGS

NAME: EQUITAS INVESTMENTS II LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

# 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:

		MICA. I DC A	lternate name must include "Limited Liabil	пусындану. шас. ог	
<b>Vyoming</b>		3.			
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	3. (FEI number, if applicable)			
July 31, 2019					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty	a.) Hability)		
832 Georgia Ave Ste 300		6	832 Georgia Ave Ste 300		
(Street Address of P	rincipal Office)	v.	(Mailing Address)		
Chattanooga, TN 374	402-2276 		Chattanooga, TN 37402-2	2276 	
				_	
lame and street addres	s of Florida registered agent: (P.O. Bo	k NOT:	accentable)	2013 805	
Tarrie and squet addition	g of Florida Tegistered agent. (1.0. Do.	. 1181	,	a ac	
Name:	Corporation Service Company			5 10	
Office Address:	1201 Hays Street				
	Tallahassee		32301 . Florida	د د	
	(City)		(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.

Assi

Roxanne Turner Asst. Vice President 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:	Title or Capacity:		Name and /	\ddress:	
Manager	Name: John N. Foy	Manager	Name: Tode	d Phillips		
Member	Address: 832 Georgia Ave Ste 300	Member	Address: 832 Georgia Ave Ste 300			
Authorized -	Chattanooga, TN 37402-2276	X Authorized	Chattanooga, TN 37402-2276			
Person	President	Person	Vice President/Secretary			
Other	Other	Other		Other		
Manager	Name:	☐ Manager	Name:		<del></del>	
Member	Address:	☐ Member	Address:			<del></del>
Authorized		Authorized				
Person		Person				
Other	Other	Other		Other	2019	
	v			~ . ·	19 AU6	
Manager	Name:	☐ Manager	Name:		6	
Member	Address:	☐ Member	Address:		=	
□Authorized		Authorized		i.	_ <u>=</u> _=_	
Person		Person			 မ	
Other	Other	Other	<del></del>	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.

Todd Phillips - Vice President

Typed or printed name of signee

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **Equitas Investments II LLC**

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 11, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-00865340**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of August, 2019 at 12:20 PM. This certificate is assigned 032286528.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.