Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002752703)))



H190002752703ABC0

	Doing so will generate another cover s	heet. 	<u> </u>	63
To:				10
	Division of Corporations		_ ⊒ _,•	<u></u>
	Fax Number : (850)617-6383		٧٠ ٢ :	<del></del>
From:			171	F:
	Account Name : C T CORPORATION SYSTEM		-π. Γ-" (	
	Account Number : FCA000000023 Phone : (614)280-3338		<u>:</u>	·
	Fax Number : (954)208-0845			_
ani	the email address for this business entity to nual report mailings. Enter only one email and ail Address:	ddness p		ture
ani	the email address for this business entity to nual report mailings. Enter only one email a	ddness p	d for fu	œ
ani	the email address for this business entity to nual report mailings. Enter only one email a ail Address:  Foreign Limited Liability Comp	ddness p	d for fu	œ
ani	the email address for this business entity to nual report mailings. Enter only one email a ail Address:  Foreign Limited Liability Comp Bumby & Concord, LLC	ddress p.	d for fu	œ
ani	the email address for this business entity to nual report mailings. Enter only one email as ail Address:  Foreign Limited Liability Comp Bumby & Concord, L.L.C  Certificate of Status  Certified Copy	ddress p.	d for fu	œ
ani	the email address for this business entity to nual report mailings. Enter only one email as ail Address:  Foreign Limited Liability Comp Bumby & Concord, LLC  Certificate of Status  Certified Copy  Page Count	0 1	d for fu	œ
ani	the email address for this business entity to nual report mailings. Enter only one email as ail Address:  Foreign Limited Liability Comp Bumby & Concord, LLC  Certificate of Status  Certified Copy  Page Count	ddress p.	d for fu	co ture
ani	the email address for this business entity to nual report mailings. Enter only one email as ail Address:  Foreign Limited Liability Comp Bumby & Concord, LLC  Certificate of Status  Certified Copy  Page Count	0 1	d for fu	ω ture

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

IN COMPLIANCE WITH SECTION 605-0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

imited Linbility Company, must include "Limited	Embility Company," "LLLC.," or "LLC.")	
re adopted for the purpose of transacting business in Horiz	da. The afternate name must include "Limited Liab	othry Company," "L. L.C," or "LLC
	NA .	
ch foreign hunted hability company is organized)	3. dra nomb	ser, if applicable)
		S. S.
(See sections 605 0004 & 605 0905, F.S. to determine	c penalty hability)	$\omega$
	544 N. Bumby Avenue	
mupal Office)	(Madiog Addi	(as) (C; +
	Orlando, FL 32803	115 115 115 115 115 115 115 115 115 115
	<u>NOT</u> acceptable)	
Lodd Flemming		
5.44 N. Bumby Avenue		
Orlando	32803 , Florida	
2	(Date first transacted businest in Florida, if prior to re (See sections 605 9204 & 605 0205; F.S. to determin	(Date first transacted business in Florida, if prior to registration) (See sections on 9001 & 1005 1005; F.S. to determine penalty habitaty)  6.   (Shading Additional Office)  Of Florida registered agent: (P.O. Box NOT acceptable)  Todd Floriding

Ву:	A. Toss Harry	
	(Registered agent's signati	ne.

8.	For initial indexing purposes,	list names, t	title or capacity a	ind addresses of the j	primary member:	s/managers or perso	ons authorized to
ma	mage lup to six (6) totall:						

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊠Manager	Name:	Manager Manager	Name:
⊠Member	Address: 544 N. Bumby Avenue	Member	Address:
Authorized	Orlando, FL 32803	Authorized	Address: 12 12 12 12 12 12 12 12 12 12 12 12 12
Person		Person	- W. T.
Other	Other	Other	7 - <u>-</u> 7
■Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	<u> </u>
Other	Other	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.817.355, F.S.

H. Told Theren	,
ĺ	Signature of an authorized person
Todd Flemining, Member &	k Manager
	typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BUMBY & CONCORD, 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 SEPTEMBER, A.D. 2019.

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

7602984 8300
SR# 20197026292
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203591352

Date: 09-13-19