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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company CAMBRO GROUP LLC

Certificate of Status	0
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COVER LETTER

	stration Section sion of Corporations	•					
SUBJECT:	CAMBRO GROUP L	LC	•				
5020201.		Name of Limi	ted Liability (Company			
The enclosed Existence, and	"Application by Foreig I check are submitted t	gn Limited Liability Company o register the above referenced	for Authoriza I foreign limi	ition to Transact ted liability com	t Business in Florida, ipany to transact busi	" Certificate of ness in Florida.	
Please return	Please return all correspondence concerning this matter to the following:					2019 NOV	
	Cheyenne Mosele	у			AF.	3 0	
		Name	of Person	····-	J.S.S.	1	
	Legalzoom.com,	Inc.			س. ش ^ر	3 1	
		Firm/C	Company		LORIDA	14: 14: 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	
	101 N Brand Blv	d 11th Fl			A P	. F	
		Ac	ldress				
	Glendale, CA 912	203				_	
	City/State and Zip Code						
	bsullivanv@gmail.						
		E-mail address: (to be used for	future annua	l report notificat	tion)	-	
For further in	formation concerning	this matter, please call:					
Che	yenne Moseley	at	800	773-0888		_	
	Name of	Contact Person	Area Code	Daytime	Telephone Number		
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations section ng ve Center Circle		
Encl Plea	osed is a check for the se make check payable	following amount:	NT OF STA	TE			
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00) Filing Fee & ied Copy	\$160.00 Filing of Status & Ce		

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: CAMBRO GROUP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C. (If name unavailable, enter alternate name adopted for the purpose of managing business in Florida. The alternate name must include "Liquited Liability Company. (Jurisdiction under the law of which fireign finited liability company is organized) (Nitiling Address) (Street Address of Principal Office) 11 Crestview Dr. 11 Crestview Dr. Bloomfield, Connecticut 06002 Bloomfield, Connecticut 06002 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sullivan Brown Name: 2745 Tamiami Trail Office Address: Port Charlotte 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 separated agent. Sullivan Brown

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	<u>/:</u>	Name and Address:
Name: Sutlivan Brown	Manager	Name:	
Address: 2745 Tamiami Trail	Member	Address:	
Port Charlotte, FL 33952	Authorized	· · · · · · · · · · · · · · · · · · ·	2019 N
	Person		AON
Other	Other		Sin Other P
Name:	Manager	Name:	FLOS
Address: 2745 Tamiami Trail	Mcmber	Address: _	P .
Port Charlotte, FL 33952	Authorized		· · · · · · · · · · · · · · · · · · ·
	Person	-	
Other	Other		Other
Name:	☐ Manager	Name:	
Address:	☐ Member	Address: _	
	Authorized	· · · -	
<u> </u>	Person	-	
Other	Other		Other
	Name: Sutlivan Brown Address: 2745 Tamiami Trail Port Charlotte, FL 33952 Other Name: 2745 Tamiami Trail Address: Port Charlotte, FL 33952 Other Other Address: 2745 Tamiami Trail Address: 2745 Tamiami Trail Address: 2745 Tamiami Trail	Name: Sutlivan Brown Manager Address: 2745 Tamiami Trail Member Port Charlotte, FL 33952 Authorized Person Other Other Name: Marcia Brown Manager Address: 2745 Tamiami Trail Member Port Charlotte, FL 33952 Authorized Person Other Other Name: Manager Address: Manager Address: Manager Address: Manager Address: Authorized Person Authorized Person	Name: Sutlivan Brown Manager Name:

Typed or printed name of signee

Sullivan Brown

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CAMBRO GROUP 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 HAS OFF

THE TWENTIETH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMBRO GROUP IN LIC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2000

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

Authentication: 2040S1760

Date: 11-20-19