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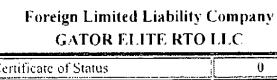


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Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

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

IN COMPLIANCE WITH SECTION 605 0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Limited Liability Company; must include "Li | mited Liability Comp | any," "L. L.C.," or "ELC | .") | | |
|---|---|--|--|---|--|
| name adopted for the purpose of transacting business | n Florida. The alternate o | ame must include "Limited ! | ывыну Сопран | y." "L L.C. | or "LLC." |
| | 3 | | TAL TAL | 201 | |
| then foreign limited liability company is organized) | | (FEI m | unber (Templicab | | |
| | | | TAK | (- | |
| (Date first transacted business in Florida, if pri (See sections 603 0904 & 603,0905, F.S. to de | or to registration) termine penalty liability) | | <u></u> | _ | 'n |
| | 9003 6. | Classic Court | FL0; | | Ö |
| Principel Office) | | (Mailing A | ddrest) = 1 | 5 | |
| | Orlan | do, FL 32819 | ₽ | | |
| | | | | | |
| | - | | | | |
| ss of Florida registered agent: (P.O. 1 | Box <u>NOT</u> accepta | able) | | | |
| C T Corporation System | | | | | |
| | | • | | | |
| 1200 South Pine Island Road | | | | | |
| Plantation | | 33324 . Florida | | | |
| (City) | | · | ode) | | |
| | high foreign limited liability company is organized) (Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to de Principal Office) C. T. Corporation System 1200 South Pine Island Road Plantation | (Date first transacted business in Florida, if prior to registration.) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine pensity liability) Principal Office.) Orlan C. T. Corporation System 1200 South Pine Island Road Plantation | (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) Principal Office) (PEI m. (Mailing A. Orlando, FL 32819 Plantation Plantation Plantation (33324 Fibrida - The alternate name must include "Limited!" (PEI m. (PEI m. (PEI m. (PEI m. A. A. (PEI m. A. A. (PEI m. A. (PEI m. A. (PEI m. A. A. (PEI m. A. (PEI m. A. A. A. A. A. (PEI m. A. A. A. A. A. A. A. A. A. | See Sections 605 0904 & 605,0905. F.S. to determine pereity liability Orlando, FL 32819 Orlando, FL 32819 | Author adopted for the purpose of transacting business in Florida. The alternate transcribed "Limited Lability Company." "L.L.C. Company of Company of Organized Company of Organi |

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.

| Ву: | Danise Bell | Denise Bell, Assistant Secretary | | |
|--------------------------------|-------------|----------------------------------|--|--|
| (Registered agent's signature) | | | | |

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 | <u>y:</u> | Name and Address: |
|--------------------|-----------------------------|-------------------|-----------|---------------------|
| Manager | Name: Jeremy Nowak | Manager | Name: | |
| ☐Member | Address: 9003 Classic Court | Member | Address: | |
| Authorized | Orlando, FL 32819 | ☐ Authorized | | |
| Person | | Person | | |
| Other | Other | Other | | SE SOUTHER DE LEGIS |
| Manager | Name: | Manager | Name: | EC-6 |
| ☐Member | Address: | ☐ Member | Address: | <u> </u> |
| Authorized | 7.101033. | Authorized | | TATE ORID |
| Person | | Person | | |
| Other | Other | Other | | Other |
| Manager | Name: | Manager | Name: | |
| ☐Member | Address: | ☐ Member | Address: | |
| 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 s.817.155, F.S.

Signwaire of an authorized person

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GATOR ELITE RTO 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 SIXTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES-HAVE BEEN

ASSESSED TO DATE.

PH 4: 43
DE STATE

7736637 8300 SR# 20198474143



Authentication: 204151242

Date: 12-06-19