

FILED
2019 DEC 26 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Bonci Operating LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steve Marr

Name of Person

Bonci Operating LLC

Firm/Company

3104 E Camelback Dr #344

Address

Phoenix, AZ 85016

City/State and Zip Code

steve.marr@bonciusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Marr

602

722.0380

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
2019 DEC 26 PM 12:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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:

1. Bonci Operating LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 81-4326058
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3104 E Camelback Dr, Phoenix, AZ 85016 6. 3104 E Camelback Dr, Phoenix, AZ 85016
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) Florida (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.

By: C T Corporation System



(Registered agent's signature)

Peter Trawinski
Assistant Secretary

FILED
2019 DEC 26 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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].

| | | | |
|--|----------------------------------|--|---------------------------------------|
| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
| <input type="checkbox"/> Manager | Name <u>Richard Tasman</u> | <input type="checkbox"/> Manager | Name <u>Robert Vivian</u> |
| <input type="checkbox"/> Member | Address <u>521 Linkside Lane</u> | <input type="checkbox"/> Member | Address <u>4955 E Arroyo Verde Dr</u> |
| <input type="checkbox"/> Authorized | <u>Bowling Green, KY 42103</u> | <input type="checkbox"/> Authorized | <u>Paradise Valley, AZ 85253</u> |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other ^{CEO} | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Other ^{President CEO} | <input type="checkbox"/> Other |
| | | | |
| <input type="checkbox"/> Manager | Name | <input type="checkbox"/> Manager | Name |
| <input type="checkbox"/> Member | Address | <input type="checkbox"/> Member | Address |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| | | | |
| <input type="checkbox"/> Manager | Name | <input type="checkbox"/> Manager | Name |
| <input type="checkbox"/> Member | Address | <input type="checkbox"/> Member | Address |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

2019 DEC 26 PM 12:00
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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.

Steve Marr

Signature (Please print name below)

Steve Marr

Typed or printed name (if right)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BONCI OPERATING, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2019.

FILED
2019 DEC 26 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6199927 8300

SR# 20198084472

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204009904

Date: 11-14-19