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.

(((H20000075731 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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 **CCCO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

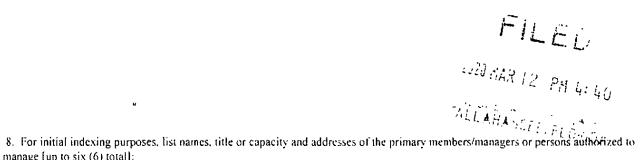
Electronic Filing Menu Corporate Filing Menu

Help

K. SALY MAR 13 ZUZC

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

The time variable; class alternate in	aine adopted for the purpose of transacting bismess	in Florida. The alternate name must include "Unimed Liability Compony," "L.U.C." α
Delaware		84-3161689
Upon Qua		(FEI number, if applicable)
7901 4th S	(Date first transacted business in Florida, if pr thee sections (05 0904 & 605 0905, F.S. to di	7901 4th St N
(Street Address of)	Principal (Office)	(Mailing Address)
STE 300		STE 300
St. Petersb	urg FL 33702	St. Petersburg FL 3370
Name and <u>street addres</u>	is of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	Northwest Registered	Agent LLC
Office Address:	7901 4th St N S	STE 300
	St. Petersburg	. Florida 33702



manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
☑Manager	Name: D GATSBY LLC	Manager	Name:
Member	Address: 8 THE GREEN SUITE B	Member	Address:
Authorized	DOVER, DE 19901	Authorized	
Person		Person	
Other	Other	Other	Other
□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	
Other	Other	Other	Other
indexed individuals 9. Attached is a cert	ise an attachment to report more than six (6), may be added to the index when filing your liftcate of existence, no more than 90 days old be law of which it is organized. (If the certific st be submitted)	Florida Department of Stat I, duly authenticated by the	e Annual Report form. e official having custody of records in the
10. This document is submitted in a document	is executed in accordance with section 605.02 ment to the Department of State constitutes a temperature.	03 (1) (b), Florida Statutes hird degree felony as prov	s. I am aware that any false information fided for in s.817.155, F.S.
	(M) onegan (Totale are of an authorized person	
	Morgan Noble	re of an authorized person	

Lyped or printed name of signer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CCCO LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SC FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCCO LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2019.

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

WILLEY SEED FOR BEING

Authentication: 202532164

Date: 03-06-20

7609109 8300 SR# 20201971186