4/8/2020



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(((H20000104991 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Phone

: (850)558-1515 Fax Number

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 SIOTOH GLOBAL MOBILITY LLC

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APR-10:10 2020

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	COVER LETTER	•
Registration Section	·	
Division of Corporations		
Siotoh Global Mobility LLC		
BJECT:		
Name	of Limited Liability Company	
e enclosed "Application by Foreign Limited Liability Cistence, and check are submitted to register the above to	Company for Authorization to Transact Business in Flor eferenced foreign limited liability company to transact	ida," Certificate business in Flori
ase return all correspondence concerning this matter to	the following:	
Carter Prince		
	Name of Person	
Prince PLLC		
	Firm/Company	
11515 G	r it the Company	
14515 Cypress Island Circle		
	Address	
West Palm Beach, FL 33410		
	ity/State and Zip Code	7077
prince@prince.law		Ţ.
E-mail address: (to be	used for future annual report notification)	—- ; ·
	1.	ထ
r further information concerning this matter, please cal	561 614-5950	1 mags
Carter Prince		
Name of Contact Person	at ()	per ‡
	6	*
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
rananassee, 113 32317	Tallahassec, FL 32303	
Enclosed is a check for the following amount.		
Please make check payable to: FLORIDA DEP		Fee Certificate
■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate o		ree, Cerimeate : Certified Copy

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

Siotoh Global Mobility			
(Name of Foreign)	Limited Liability Company, must include "Limite	d Liability Company," "L L C.," or "LLC ")	
f name unavailable, enter alternate n	iame adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Liability	Company,"""L i, C," or "LLC."
Delaware		85-0536463	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nich foreign limited liability company is organized)	3. (FE. number, if a	
(Jurisdiction under the 18W of wh	hich foreign umited liability company is organized)	(PEL NUMBORT, II &	ррисвоје
·			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ		
4002 W. Waters, Suite	: 5	4002 W. Waters, Suite 5	
· 		6. (Mailing Address)	
Street Address of Principal Office)			
Tampa, FL 33614		Tampa, FL 33614	
			070
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	<u>က</u>
	Corporation Service Company		\$3H=14
Name:			
Name.	1201 Hays St		
Office Address:			
	Tallahassee	32301	
51			
5.1.		, Florida	

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.

Goods & Polemen	Amanda Robinson, Asst. Vice President			
(Registered agent's signature)				

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3.	For initial indexing purposes,	, list names, title o	r capacity and addre	sses of the primar	y members/managers or	persons authorized to
ma	inage [up to six (6) total]:					

itle or Capacity:	Name and Address: Siotoh Management LLC	Title or Capacity	<u>Name and Address</u> Carter Prince
Manager	Name	□Manager	Name
]Member	4002 W. Waters, Suite 5 Address.	□Member	14515 Cypress Island Circl Address:
Authorized	Tampa, FL 33614	Authorized	West Palm Beach, FL 33410
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. Co
Member	Address.	□Member	Address.
Authorized		□Authorized	• ••
Person		Person	
]Other	Other	□Other	□Other

- 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.

	- MA / MT	
	Signature of an authonized person	
Carter Prince		
	Typed or printed name of signee	H20000104991 3

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIOTOH GLOBAL MOBILITY 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 EIGHTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIOTOH GLOBAL MOBILITY LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2020.

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

7914553 8300 SR# 20202674248

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

Authentication: 202733781

Date: 04-08-20