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.

(((H20000122208 3)))



	EMBIL AUGUSS.
<b>**</b> 6n	nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  Email Address:
	Phone : (407)540-6600
	Account Number: T19990000278
1106.	Account Name : BURR & FORMAN LLP
From:	Fax Number : (850)617-6383  Account Name : BURR & FORMAN LLP Account Number : T19990000278  Phone : (487)540-6680
	40 m 1
	Division of Corporations [5]

Corporate Filing Menu

Estimated Charge

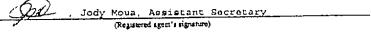
Electronic Filing Menu

\$125.00

Help

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

	SINESS IN THE STATE OF FLORIDA:			-1 72
Tagole, LLC	iny," "L.L.C.," or "LLC.")	1. 6		
(				
	ame adopted for the purpose of transacting business in Pl	anida. The alternate	name must include "T imited List	bility Company," "L.L.C." ov. LLC."
l'osme unavailable, enter alternate t	ame adopted for the purpose of transacting pusiness in Fi	OCICI, THE ELETTE	THE COURSE OF TH	
California		3.		EEC P
(Jurisdiction under the law of w	nich foreign limited liability company is organized)		(FEI mumbe	r, il applicable)
				035
4				<b>智慧</b>
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. so determ	registration.) ina penalty liability)	)	V
275 N. Brea St., Ste. B		275 N	I. Brea St., Ste. B	
•			Maling Address)	
Street Address of Principal Office)				
Brea, CA 92821		Brea,	CA 92821	
7. Name and street address	as of Florida registered agent: (P.O. Box	NOT accept	able)	
Name:	Paracorp Incorporated		_	
, right.				
Office Address:	155 Office Plaza Drive, First Floor		-	
	Tallahassee		32301	
			_, Florida(Zin code)	
	(City)		/·	
			(12)	
Registered agent's accep		nnagges fay th	, ,	linhility company at the place



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]:

□Manager	Name:	
□Member	Address:	
☐ Authorized		7 202
Person		THE PROPERTY OF THE PROPERTY O
Other		Dother 27 PH
□Manager	Name:	FELCE ST
□Member	Address:	Dr.
□Authorized		
Person		
Other	<del></del>	□ Other
□Manager	Name:	
□Member	Address:	
□Authorized		
Person		
□Other	<del></del>	Other
	Person  Other  Manager  Member  Authorized  Person  Other  Manager  Authorized  Person  Person	□ Authorized  Person  □ Other  □ Manager Name:  □ Member Address:  □ Authorized  Person  □ Other  □ Manager Name:  □ Member Address:

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.

W KA	Justin					
	Signature of an authorized person					
Anthony W. Justice						
	Typed or printed name of signer					

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TAGOLE, LLC

FILE NUMBER: 200600410069 FORMATION DATE: 12/29/2005

TYPE: DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS: ACTIVE (GOOD STANDING)

T, ALEX PADILLA, Secretary of State of the State of California hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 21, 2020.

ALEX PADILLA Secretary of State