

N 20000004886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

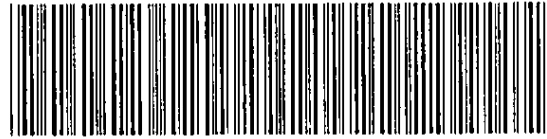
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN -1 PM 1:07
TALLAHASSEE, FLORIDA
2020 JUN -1 PM 4:49
TALLAHASSEE, FLORIDA

✓ 58

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 6/1/2020

****WALK IN****

ENTITY NAME CORE TRIANGLE CONSULTING, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

2020 JUN - 1 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125

ACCOUNT # 120160000072

W: C SW

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. CORE TRIANGLE CONSULTING, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied For

(FEI number, if applicable)

4. UPON QUALIFICATION

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

5. 1025 Thomas Jefferson Street, NW

(Street Address of Principal Office)

Suite 400 West

Washington, DC 20007-5208

6. 1025 Thomas Jefferson Street, NW

(Mailing Address)

Suite 400 West

Washington, DC 20007-5208

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

NRAI Services, Inc.
By: Natalie Leiba-Paul
(Registered agent's signature)

Natalie Leiba-Paul - Assistant Secretary

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:
☒ Manager Name: James M. Sconzo
☐ Member Address: One State Street
☐ Authorized Suite 1800
Person Hartford, Connecticut 06103
☐ Other ☐ Other

☒ Manager Name: Cathleen Bell Bremmer
☐ Member Address: 4221 W. Boy Scout Blvd.
☐ Authorized Suite 1000
Person Tampa, FL 33607
☐ Other ☐ Other

☒ Manager Name: Gary L. Sasso
☐ Member Address: 4221 W. Boy Scout Blvd.
☐ Authorized Suite 1000
Person Tampa, FL 33607
☐ Other ☐ Other

Title or Capacity: Name and Address:
☒ Manager Name: Rae T. Vann
☐ Member Address: 1025 Thomas Jefferson St.,
☐ Authorized NW, Suite 400 West
Person Washington, DC 20007
☐ Other ☐ Other

☒ Manager Name: Frederick B. O'Malley
☐ Member Address: 4221 W. Boy Scout Blvd.
☐ Authorized Suite 1000
Person Tampa, FL 33607
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

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.

Frederick B. O'Malley

Signature of authorized person

Frederick B. O'Malley, Manager

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORE TRIANGLE CONSULTING, 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 TWENTY-FIRST DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORE TRIANGLE CONSULTING, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2020.

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



7981241 8300

SR# 20204331329

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.

Authentication: 202971092

Date: 05-21-20