

6/24/2020

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**Foreign Limited Liability Company
Accelerate360, LLC**

Certificate of Status	0
Certified Copy	0
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T. GLASS
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JUN 25 2020

DocuSign Envelope ID: 754B98B2-54F6-4089-99AE-321AF38CD14D

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. ACCELERATE360, 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.

(FEI number, if applicable)

4.

(Date first transacted business in Florida (if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1350 TRADEPORT DRIVE

(Street Address of Principal Office)

6. 1955 Lake Park Drive SE, Ste 400

(Mailing Address)

ORLANDO, FL 32824

Smyrna, GA 30080

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

(City)

Florida

33324

(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.

C T Corporation System

By:

(Registered agent's signature)

Denise Bell

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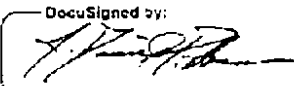
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Parry</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ted Kallgren</u>
<input checked="" type="checkbox"/> Member	Address: <u>ACCELERATE360, LLC</u>	<input checked="" type="checkbox"/> Member	Address: <u>ACCELERATE360, LLC</u>
<input type="checkbox"/> Authorized	<u>1955 Lake Park Drive SE, Ste 400</u>	<input type="checkbox"/> Authorized	<u>1955 Lake Park Drive SE, Ste 400</u>
Person	<u>Smyrna, GA 30080</u>	Person	<u>Smyrna, GA 30080</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Chris Polimeni</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Eric Klee</u>
<input checked="" type="checkbox"/> Member	Address: <u>ACCELERATE360, LLC</u>	<input checked="" type="checkbox"/> Member	Address: <u>ACCELERATE360, LLC</u>
<input type="checkbox"/> Authorized	<u>1955 Lake Park Drive SE, Ste 400</u>	<input type="checkbox"/> Authorized	<u>1955 Lake Park Drive SE, Ste 400</u>
Person	<u>Smyrna, GA 30080</u>	Person	<u>Smyrna, GA 30080</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>J. Daniel Pittman</u>	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>ACCELERATE360, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>1955 Lake Park Drive SE, Ste 400</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Smyrna, GA 30080</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

 12E3DEA52G3Q415
 Signature of an authorized person
 J. Daniel Pittman 2020-06-24 | 10:56:12 PDT
 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCELERATE360, 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-FOURTH DAY OF JUNE, A.D. 2020.

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

2020
24
14:09:00

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

7654181 8300

SR# 20205883652

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

Authentication: 203168458

Date: 06-24-20