

Florida Department of State
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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
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****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
Registry Services, LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help
2020 JUL 31 PM 2:33

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. Registry Services, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

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

3.

(FEI number, if applicable)

4. n/a

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

5. 21575 Ridgetop Circle

(Street Address of Principal Office)

6. 21575 Ridgetop Circle

(Mailing Address)

Sterling, VA 20166

Sterling, VA 20166

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.

By:

C.T. Corporation System

(Registered agent's signature)

Kimberly Bowens, Asst. 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Charles E. Gottdiener	☒ Manager	Name: Carolyn Ullerick
☐ Member	Address: 21575 Ridgeway Circle	☐ Member	Address: 21575 Ridgeway Circle
☐ Authorized	Sterling, VA 20166	☐ Authorized	Sterling, VA 20166
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
 ☒ Manager	Name: David Angelicchio	 ☐ Manager	Name: Heather Hoffer
☐ Member	Address: 21575 Ridgeway Circle	☐ Member	Address: 21575 Ridgeway Circle
☒ Authorized	Sterling, VA 20166	☒ Authorized	Sterling, VA 20166
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
 ☒ Manager	Name: Kevin A. Hughes	 ☐ Manager	Name:
☐ Member	Address: 21575 Ridgeway Circle	☐ Member	Address:
☐ Authorized	Sterling, VA 20166	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ 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.

Heather Hoffer

Signature of an authorized person

Heather Hoffer

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REGISTRY SERVICES, 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 JULY, A.D. 2020.

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



Jeffrey W. Bullock, Secretary of State

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SR# 20206406871

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

Authentication: 203346075

Date: 07-24-20