

Ma00000089a5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

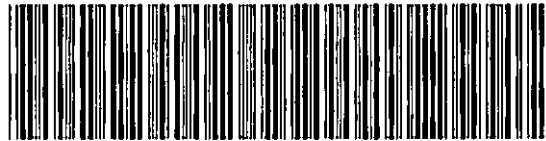
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900352377929

09/28/20--01009--003 ++130.00

FILED
2020 SEP 28 A 8:29
STATION 1000
TALLAHASSEE, FL 32301-1000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constantine Management, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cristina Harper
Name of Person
Ardurra Group, Inc.
Firm/Company
4921 Memorial Highway, Suite 300
Address
Tampa, Florida 33634
City/State and Zip Code
charper@ardurra.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Harper 813 880-8881
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Constantine Management, 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 3. 26-1308496
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4921 Memorial Highway, Suite 300 6. 4921 Memorial Highway, Suite 300
(Street Address of Principal Office) (Mailing Address)

Tampa, Florida 33634 Tampa, Florida 33634

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) (Zip code)
Florida

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.

Christine Kelm Christine Kelm, Asst. Secretary
(Registered agent's signature)

FILED
2020 SEP 28 A 8:29
TAMPA, FLORIDA

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>
<input type="checkbox"/> Manager	Name: Ernesto Aguilar
<input type="checkbox"/> Member	Address: 4921 Memorial Hwy, Ste 300
<input checked="" type="checkbox"/> Authorized	Tampa, Florida 33634
Person	Chief Executive Officer & President
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: Christopher Lee

☐ Member Address: 4921 Memorial Hwy, Ste 300

☒ Authorized Tampa, Florida 33634

Person Secretary

☐ Other ☐ Other

☐ Manager Name: Kartik Vaith

☐ Member Address: 1988 Lewis Turner Blvd, Unit 3

☒ Authorized Fort Walton Beach, Florida 32547

Person Vice President

☐ Other ☐ Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Catherine Cahill</u>
<input type="checkbox"/> Member	Address: <u>4921 Memorial Hwy, Ste 300</u>
<input checked="" type="checkbox"/> Authorized	<u>Tampa, Florida 33634</u>
Person	<u>Chief Financial Officer & Treasurer</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: James P. Kizer, Jr.

☐ Member Address: 1988 Lewis Turner Blvd. Unit 1

☒ Authorized Fort Walton Beach, Florida 32547

Person Vice President

☐ Other _____ ☐ Other _____

☐ Manager Name: Joseph E. Downey, Jr.

☐ Member Address: 1988 Lewis Turner Blvd. Unit 1

☒ Authorized Fort Walton Beach, Florida 32547

Person Vice President

☐ 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.

Signature of an authorized person

Catherine Cabill

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 "CONSTANTINE MANAGEMENT, 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 SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSTANTINE MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.



3522892 8300

SR# 20207060701

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

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

Authentication: 203582127

Date: 09-02-20