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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**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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JV -5 PH 4: 3

Foreign Limited Liability Company A Glad LLC

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

A Glad LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company. C.L.C., or G.C.	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Company," "GEC," or "LLC,")	
, Delaware		84-3788296	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI number, (f appheable)	
1			
4.	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration) to perally liability)	
₂ 7901 4th S		₆ 7901 4th St N	
(Street Address of F	Principal Office)	(Mailing Address)	
STE 300		STE 300	
St. Petersburg FL 33702		St. Petersburg FL 33702	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			
Name:	Registered Agents Inc.		
Office Address:	7901 4th St N STE 300		
	St. Petersburg	, Florida 33702	
	(City)	(Zsp code)	
designated in this applicate comply with the provise	gistered agent and to accept service of patient, I hereby accept the appointment a	process for the above stated limited liability company at the place a registered agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am familiar with	
	Bel Hame		
	(Registered agent's	signature)	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Adonte Gladness Name: Sean Simmons Manager Manager 7901 4th St N STE 300 7411 balancing rock ct. Address: Member ✓ Member St. Petersburg, FL 33702 Charlotte, NC 28262 Authorized Authorized Person Person Other____ Other_ Other__ Manager Name: Manager Address: Member Member ☐ Authorized Authorized Person Person Other____ Other Other __ Other_ Name: _____ Manager Name: Manager Member Address: _____ Member Authorized 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. Nonindexed 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. Riley Park

Lyped or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "A GLAD 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 FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A GLAD LLC" FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2019.

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

ortiny W. Bulliock, Secretary of SLIRE

Authentication: 204012158

Date: 11-05-20

7709353 8300 SR# 20208230440

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