

M2000001102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

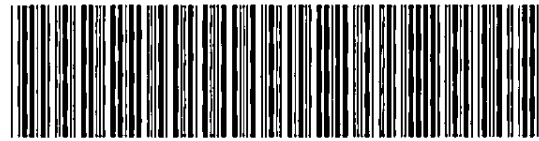
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 NOV 30 PM 12:37

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

DEC - 4 2020

K Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 11/25/2020

PRIORITY Routine

OUR REF. # (Order ID#) 870367

ORDER ENTITY

PERFORM[CB], LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PERFORM[CB], LLC (FL)

File the attached conversion document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS", written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Perform[cb], 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 30-0585674
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 401 N Cattlemen Rd., Ste. 200 401 N Cattlemen Rd., Ste. 200
(Street Address of Principal Office) (Mailing Address)
Sarasota, FL 34232 Sarasota, FL 34232


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

Name: Corporate Creations Network, Inc.
Office Address: 801 US Highway 1
North Palm Beach 33408
(City) , Florida (Zip code)

FILED
2008 NOV 30 AM 0:20
SECRETARY OF STATE
TALLAHASSEE, 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.


(Registered agent's signature) Sean Arno, Special Secretary

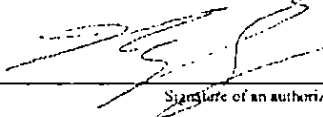
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Quinn Morgan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kenneth Lau</u>
<input type="checkbox"/> Member	Address: <u>401 N Cattlemen Rd., Ste. 200</u>	<input type="checkbox"/> Member	Address: <u>401 N Cattlemen Rd., Ste. 200</u>
<input type="checkbox"/> Authorized	<u>Sarasota, FL 34232</u>	<input type="checkbox"/> Authorized	<u>Sarasota, FL 34232</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other <u>VP & Secretary</u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Erin O'Grady Cigich</u>	<input type="checkbox"/> Manager	Name: <u>Michael Hickman</u>
<input type="checkbox"/> Member	Address: <u>401 N Cattlemen Rd., Ste. 200</u>	<input type="checkbox"/> Member	Address: <u>401 N Cattlemen Rd., Ste. 200</u>
<input type="checkbox"/> Authorized	<u>Sarasota, FL 34232</u>	<input type="checkbox"/> Authorized	<u>Sarasota, FL 34232</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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
 Michael Hickman

 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 "PERFORM[CB], 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-FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERFORM[CB], LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2020.

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



4234388 8300

SR# 20208492721

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 in a small font.

Authentication: 204164572

Date: 11-25-20