

1/11/2021

Division of Corporations

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Florida Department of State
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.****

Email Address: _____

**Foreign Limited Liability Company
71120 Ventures, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 04 |
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Corporate Filing Menu

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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. 71120 Ventures, 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 laws of which foreign limited liability company is organized)

3. 85-4336379

(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. 5851 Legacy Cir

(Street Address of Principal Office)

6. PO Box 251549

(Mailing Address)

Ste 900

Plano, TX 75025-1500

Plano, TX 75024-5982

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
Laura Brodnick(Registered agent's signature)
Laura Brodnick
Assistant Secretary

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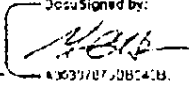
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Mary Dittrich</u> | <input type="checkbox"/> Manager | Name: <u>Thomas L. Weinberg</u> |
| <input type="checkbox"/> Member | Address: <u>5851 Legacy Cir</u> | <input type="checkbox"/> Member | Address: <u>5851 Legacy Cir</u> |
| <input type="checkbox"/> Authorized | <u>Ste 900</u> | <input type="checkbox"/> Authorized | <u>Ste 900</u> |
| Person | <u>Plano, TX 75024-5982</u> | Person | <u>Plano, TX 75024-5982</u> |
| <input checked="" type="checkbox"/> Other <u>President</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Chairman</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>James D. Shelton</u> | <input type="checkbox"/> Manager | Name: <u>Michael C. Huguelet</u> |
| <input type="checkbox"/> Member | Address: <u>5851 Legacy Cir</u> | <input type="checkbox"/> Member | Address: <u>5851 Legacy Cir</u> |
| <input type="checkbox"/> Authorized | <u>Ste 900</u> | <input type="checkbox"/> Authorized | <u>Ste 900</u> |
| Person | <u>Plano, TX 75024-5982</u> | Person | <u>Plano, TX 75024-5982</u> |
| <input checked="" type="checkbox"/> Other <u>VP/Treasurer</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Secretary</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | 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.

Executed by: 
 1/10/2021 11:33:40 CST
 Signature of an authorized person
 Michael C. Huguelet
 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 "71120 VENTURES, 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 ELEVENTH DAY OF JANUARY, A.D. 2021.

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

2021 JAN 11 2:11 PM

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

3745161 8300

SR# 20210073998

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

Authentication: 202257831

Date: 01-11-21