

Ma1000000 5/7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

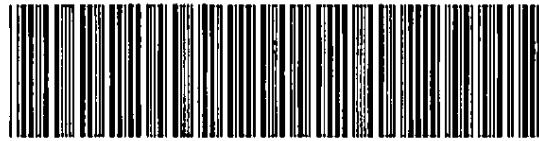
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600357452436

01/11/21--01032--005 **125.00

21 11/11/21 11:12
Filing Officer: [Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

CRDV TAMPA, LLC.

SUBJECT: _____
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:

THOMAS H. MALLORY, JR

Name of Person

MALLORY LAW OFFICE, LLC.

Firm/Company

720 E. BROAD STREET, SUITE 202

Address

COLUMBUS, OHIO 43215

City/State and Zip Code

SALLY.MILLER@MALLORYLAWOFFICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALLY MILLER

614

763-5800

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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:

CRDV TAMPA, LLC

1. _____
(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 85-3385146
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1733 W. LANE AVENUE
(Street Address of Principal Office) 6. _____
(Mailing Address)

COLUMBUS, OHIO 43221

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

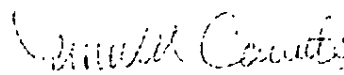
Name: COGENCY GLOGAL, INC.

Office Address: 115 N. CALHOUN ST. STE. 4

TALLAHASSEE, Florida 32301
(City) (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.

 Jennifer Countz, Assistant Secretary of
COGENCY GLOBAL INC.
(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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: CHRIS WATKINS

☐ Member Address: 1733 W. LANE AVENUE

☐ Authorized COLUMBUS, OHIO 43221

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: JOHN D. WATKINS

☐ Member Address: 1733 W. LANE AVENUE

☐ Authorized COLUMBUS, OHIO 43221

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Thomas H. Mallory, Jr.
Signature of an authorized person

THOMAS H. MALLORY, JR

Typed or printed name of signer

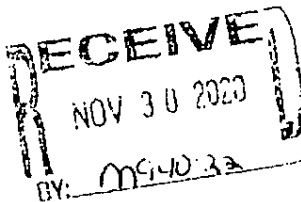
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRDV TAMPA, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2020.

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


Jeffrey W. Bullock, Secretary of State

3998978 8300

SR# 20208265784

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

Authentication: 204082035


Date: 11-14-20

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "CRDV TAMPA, LLC",
FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D.
2020, AT 3:50 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

3998978 8100
SR# 20208265784

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

Authentication: 204082038
Date: 11-14-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:50 PM 10/28/2020
FILED 03:50 PM 10/28/2020
SR 20208094127 - File Number 3998978

DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY
COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the
Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is: CRDV TAMPA, LLC.
2. The Registered Office of the limited liability company in the State of Delaware is located at:
850 NEW BURTON ROAD, in the City of DOVER, Zip Code 19904.

The name of the Registered Agent at such address upon whom process against this limited
liability company may be served is: COGENCY GLOBAL, INC.

By: Thomas H. Mallory, Jr. Authorized Person Name:
THOMAS H. MALLORY, JR.

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8424538
MALLORY LAW OFFICE, LLC
720 E BROAD STREET
SUITE 202
COLUMBUS, OH 43215

11-14-2020

DESCRIPTION	AMOUNT
3998978 - CRDV TAMPA, LLC Entity Status - Short Form	
Certification Fee	\$50.00
3998978 - CRDV TAMPA, LLC 8100 Certified Copy - 1 Copies	
Certification Fee	\$50.00
Document Page Fee	\$2.00
TOTAL CHARGES	\$102.00
TOTAL PAYMENTS	\$102.00
BALANCE	\$0.00

