

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRDV ST. PETERSBURG 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:

THOMAS H. MALLORY, JR.

Name of Person

MALLORY LAW OFFICE, LLC

Firm/Company

720 E. BROAD STREET, STE 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

at ()

Name of Contact Person

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

FILED
2021 MAR -2 PM 3:01
SECRET
TALLAHASSEE, FL
OFFICE OF STATE
2021 FEB 14 PM 3:08
FILED

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. CRDV ST. PETERSBURG 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 STATE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 4734048
(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. 1733 W. LANE AVENUE
(Street Address of Principal Office)

UPPER ARLINGTON, OHIO 43221

6. 1733 W. LANE AVENUE
(Mailing Address)

UPPER ARLINGTON, OHIO 43221

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

Name: COGENCY GLOBAL, 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. 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.

Nathaniel Mullis
(Registered agent's signature)

FILED
2021 MAR 18 PM 3:01
STATE OF FLORIDA
TALLAHASSEE, FL

FILED
2021 FEB 14 3:08
TALLAHASSEE, FL

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>
☒ Manager	Name: CHRIS WATKINS	☐ Manager	Name: _____
☐ Member	Address: 1733 W. LANE AVE.	☐ Member	Address: _____
☐ Authorized	UPPER ARLINGTON, OHIO 43221	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

FILED
2021 MAR -2 PM 3:01
2021 FEB 14 PM 3:08
STATE
TALLAHASSEE
FALL GUY
STATE
TALLAHASSEE, FL

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRDV ST. PETERSBURG, 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 JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRDV ST. PETERSBURG, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2021.

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

FILED
2021 MAR 14 PM 3:08
SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

4734048 8300

SR# 20210216138

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

Authentication: 202362004

Date: 01-25-21