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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 : (800)221-0102

Fax Number

: (800)944-6607

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 8712 Plymouth Street, L.L.C.

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Page Count	03
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Eric Hood Fax: 1512	82130744 To:		Fax: (850) 617-6383	Page: 2 of 4	03/16/2021 1:48 PM
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,					
APPLICATION BY FO	REIGN LIMITED L		PANY FOR AUTHORIZ	ATION TO TRA	NSACT BUSINE
		IN FLO	DRIDA		
IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU			ILOWING IS SUBMITTED TO	REGISTER A FORE	IGN LIMITED LIAB
1, 8712 Plymouth Street,					
(Name of Foreign	Cimited Liability Company:	must include "Limited	Liability Company," "L.L.C.," or	"LEC."]	
(If name unavailable, enter alternate r	same adopted for the purpose of	transacting business in Flo	rida. The afternate name ionst include:	"Lumited Liability Compa	py," "L L C," or "ULC.";
Maryland			N/A		
(Jurisdiction under the law of w	hich foreign limited liability con	npany is organized)	.,	(FEI number, if applicab	202
Unun qualification					
Upon qualification 4.	600 s	1.2			55
	(Date first transacted busin (See sections 605,0904 &	605.0905, F.S. to determin	egistration (e penalty hability)	,	07
11200 Rockville Pike			11200 Rockville Pil	ke 7/13/7	
5. (Street Address of Principal Office)	***		(Mailing Address)		
Suite 415			Suite 415		90 80
					
North Bethesda, MD 2	0852		North Bethesda, MI	O 20852	
					
7 Name and atmost address	6171	t. (D.O. Dan	NOT appendible		
7. Name and street addres	s or riorida registered	agent: (P.O. Dox	in() acceptable)		
	Communication to a				
Name:	Cogency Global Inc.				
	115 N Calhoun Stree	et Suite 4			
Office Address:					
	Tallahassec		323	301	
		(f'ity)	, Florida	(ap code)	
		** ****	,•		
designated in this applica to comply with the provisi	gistered agent and to a tion, I hereby accept to ions of all statutes rela	he appointment as itive to the proper o	rocess for the above stated registered agent and agre- and complete performance	e to act in this cap	acity. I further a
and accept the obligation:	s of my position as reg	ustered agent.			
	/s/Eric	B. Hood			

(Registered agent's signature)

(((H210001059293)))

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:	Title or Capacit	Y: Name and Address:
■ Manager	Name: Lewis I, Winarsky	□Manager	Name:
□Member	Address: 11200 Rockville Pike	□Member	Address:
□Authorized	Suite 415	□Authorized	
Person	North Bethesda, MD 20852	Person	
Other	Other	□Other	-, (
□Mannger	Name:	□Manager	Name: 6
□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

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.

Lewis I, Winarsky

Eyped or printed name of signee

From: Eric Hood

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 8712 PLYMOUTH STREET, L.L.C. (W05379029), REGISTERED JUNE 29, 1999, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND FAT BALTIMORE ON THIS MARCH 09, 2021.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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