

3/23/2021

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

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date of 3/23/2021

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)200-3338  
Fax Number : (954)200-0045

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Foreign Limited Liability Company  
CFL Rentalco, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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YS  
3/30/21

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. CFL Rentalco, 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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 2208 NW 71st Place  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Gainesville, FL 32653

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TALLAHASSEE, FL

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, Florida 33324  
(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.

By: C T Corporation System  
Meredith Hellwig, Assistant Secretary  
(Registered agent's signature)

*Meredith Hellwig*

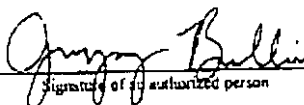
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: William Lukas Sheffield	<input checked="" type="checkbox"/> Manager	Name: Ben Eakes
<input type="checkbox"/> Member	Address: 649 Finley Island Rd	<input type="checkbox"/> Member	Address: 750 North St. Paul Street
<input type="checkbox"/> Authorized	Decatur, AL 35601	<input type="checkbox"/> Authorized	Suite 1200
Person		Person	Dallas, TX 75201
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Ryan Wilson	<input checked="" type="checkbox"/> Manager	Name: Gregory Balliro
<input type="checkbox"/> Member	Address: 649 Finley Island Rd	<input type="checkbox"/> Member	Address: 750 North St. Paul Street
<input type="checkbox"/> Authorized	Decatur, AL 35601	<input type="checkbox"/> Authorized	Suite 1200
Person		Person	Dallas, TX 75201
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Brian F. Hegi	<input checked="" type="checkbox"/> Manager	Name: Ingrid West
<input type="checkbox"/> Member	Address: 750 North St. Paul Street	<input type="checkbox"/> Member	Address: 750 North St. Paul Street
<input type="checkbox"/> Authorized	Suite 1200	<input type="checkbox"/> Authorized	Suite 1200
Person	Dallas, TX 75201	Person	Dallas, TX 75201
<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.

  
Signature of authorized person

Gregory Balliro

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 "CFL RENTALCO, 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-THIRD DAY OF MARCH, A.D. 2021.

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202800954

Date: 03-23-21