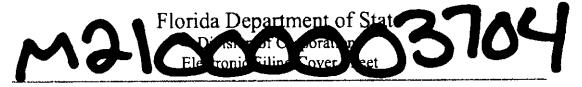
3/29/2021

Division of Corporations



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(((H21000126099 3)))



H210001260993ABC/

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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 : (954)208-0845 Fax Number

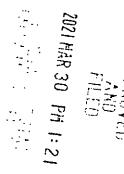
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company 556 Asset Management LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

From: James Tanks III



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED DABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ains adopted for the purpose of transacting business in Flori	ida, the alter	nate name most include "Limited I ra	hility Company," "1, LC," or	#11C')
Delaware			-1321769		
(Jurisdiction under the law of which foreign limited liability company is organized)		ے .د	(FT) numbe	(f. l.) number, if applicable)	
July 2020					
	(Date hird transacted business in Florida, if print to re- i See accilions 995-6904 & 695-0905; F.S. to determine	gedration) e penalty flub	ilay)		
9052 Misty Creek Driv	c	90	52 Misty Creek Drive		
reel Address of Principal Office)		o	(Mailing Address)		
Sarasotti, FL		Sa	rasota, FL		
34241		34	241		
Name and street addres	s of Florida registered agent. (P.O. Box		eptable)	2021 MAR	
Name:	CT Corporation System			IAR 30	7:
Office Address:	1200 South Pine Island Road			PH I:	(3)6
	Plantation		33324 , Florida	21	
	(Crty)		(Zip codu)		

CT Corporation System Stephance Honay

Stephanie Hencz, Assistant Secretary

(Registered agent's signature)

To: 18506176383

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 Capacity:	Name and Address:
⊠Manager	Name: Michael (Irzedowski	I Manager Name	::
□Member	Address:	Member Addre	ess:
□Authorized	Sarasota, FL 34241	Authorized	
Person		Person	
		_Cnhcr	[]Other
□Manager	Name:	⊒Manager Name	e:
□Member	Address:	☐Member Addr	ess:
□Authorized		Authorized	
Person		Person	
□Other	□Other	Other	
□Manager	Name:	□Manager Name	e
☐Member	Address:	_Member Addr	ess:
□Authorized		Authorized	
Person		Person	
☐Other		()ther	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Michael Urzedowski		
	Signature of an authorized person	
Michael Urzedowski		
	Forced or printed using of scance	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "556 ASSET MANAGEMENT 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-NINTH DAY OF MARCH, A.D. 2021.

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

Authentication: 202847473

Date: 03-29-21