

3/31/2021

Division of Corporations

mailed 3736

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
Fax Number : (954)208-0845

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TALLAHASSEE, FL

Foreign Limited Liability Company
Cato Research LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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SA 1/1

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. Cato Research 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. North Carolina

(Jurisdiction under the law of which foreign limited liability company is organized)

56-1608539

3.

(EIN number, if applicable)

4. 10/26/2018

(Date first transacted business in Florida (if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 Centregreen Way

(Street Address of Principal Office)

6. 2000 Centregreen Way

(Mailing Address)

Suite 300

Suite 300

Cary, NC 27513

Cary, NC 27513

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

(City)

Florida

33324

(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.

C T Corporation System

By: Laura R Broderick

(Registered agent's signature)

Laura Broderick, Assistant Secretary

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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>
<input checked="" type="checkbox"/> Manager	Name: <u>Peter Strothman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Daniel Agroskin</u>
<input type="checkbox"/> Member	Address: <u>444 West Lake Street</u>	<input type="checkbox"/> Member	Address: <u>245 Park Avenue</u>
<input type="checkbox"/> Authorized	Suite <u>1800</u>	<input type="checkbox"/> Authorized	Suite <u>1601</u>
Person	<u>Chicago, IL 60606</u>	Person	<u>New York, NY 10167</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lynda Sutton</u>	<input type="checkbox"/> Manager	Name: <u>Mike Brennan</u>
<input type="checkbox"/> Member	Address: <u>2000 Centregreen Way</u>	<input type="checkbox"/> Member	Address: <u>444 West Lake Street</u>
<input type="checkbox"/> Authorized	Suite <u>300</u>	<input checked="" type="checkbox"/> Authorized	Suite <u>1800</u>
Person	<u>Cary, NC 27513</u>	Person	<u>Chicago, IL 60606</u>
<input checked="" type="checkbox"/> Other <u>President/Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Clifford Services Corporate Operations, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Richard Shimota</u>
<input checked="" type="checkbox"/> Member	Address: <u>444 West Lake Street</u>	<input type="checkbox"/> Member	Address: <u>2000 Centregreen Way</u>
<input type="checkbox"/> Authorized	Suite <u>1800</u>	<input checked="" type="checkbox"/> Authorized	Suite <u>300</u>
Person	<u>Chicago, IL 60606</u>	Person	<u>Cary, NC 27513</u>
<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.

Richard Shimota

Signature of an authorized person

Richard Shimota

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

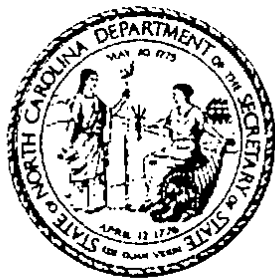
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CATO RESEARCH LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 26th day of October, 2018

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of March, 2021.

Elaine F. Marshall

Secretary of State