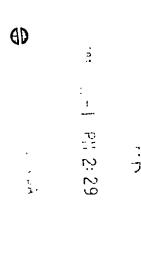
## M21000003922

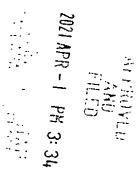
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
I.
w21-44063

Office Use Only



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47R - 6 2021

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000001	95
	REFERENCE		4311639
	AUTHORIZATION	Spellelle	Ban
	COST LIMIT	: \$ 125.00	
ORDER DATE : Ma	rch 30, 2021		
ORDER TIME : 11	:25 AM		
ORDER NO. : 73	8183-025		
CUSTOMER NO:	4311639		
	FOREIGN F	LLINGS	
	METRO CENTER C	OFFICE ORLANDO	,
<u>XXXX</u> QUALIFICAT	ION (TYPE: <u>LI</u>	<u>-</u> )	
PLEASE RETURN TH	E FOLLOWING AS	PROOF OF FILI	<b>N</b> G :
	D COPY AMPED COPY ATE OF GOOD STA	ANDING	

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT# 61594

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Lin	nted Liability Company," "L.L.C," or "	".J.C."	
DELAWARE		32-0591679			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
March 30, 2021					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	egistration.) ne penalty liability)			
9111 Tillinghast Drive		9111 Tillinghast Drive 6.			
Street Address of Principal Office)		6. (Mailing Address)		-	
Tampa, FL 33626		Tampa, FL 33626			
	· · · · · · · · · · · · · · · · · · ·			_	
			2	_	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021 APR		
<del> </del>					
	Corporation Service Company			;=	
Name:			. 38		
	1201 Hays Street		<del>-</del> ယ		
Office Address:		<del></del>	့ သူ		
Office Address:	T-U-b	0000			
Office Address:	Tallahassee (City)	32301 , Florida			

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.

Corporation Service Company

(Registered agent's signature)

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: Name: \_ □Manager □ Manager Name: \_\_\_\_\_ Address: 9111 Tillinghast Drive □ Member □Member Address: Tampa, FL 33626 Authorized ☐ Authorized Person Person Other □Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Member Address: \_\_\_ \_ ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_\_ Address: Address: □Member □Member □ 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. 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. /s/ Fred Arena Signature of an authorized person Fred Arena

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "METRO CENTER OFFICE ORLANDO, 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 FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METRO CENTER

OFFICE ORLANDO, LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D.

2021.

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

Authentication: 202873968

Date: 04-01-21