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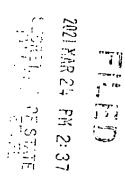
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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4/11/21

COVER LÉTTER

505 Asset Management LLC CT:		
Nar	me of Limited Liability Company	
	y Company for Authorization to Transact Business in Florida, e referenced foreign limited liability company to transact busin	
eturn all correspondence concerning this matter	to the following:	
Joseph Foiles		
	Name of Person	
Webcollex, LLC dba CKS Financial		
	Firm/Company	
505 Independence Parkway	2021 A	
	Address 22 3	
Chesapeake, VA 23320	2	
	City/State and Zip Code	
Licensing@ckstin.com		
E-mail address: (to	be used for future annual report notification)	
her information concerning this matter, please c	rall:	
Joseph Forles	757 296-0196 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
-	Tallahassee, FL 32303	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sus Asset Management	Limited Liability Company; must include "Limited	Liabilit	y Company," "L. L.C.," or "LLC	····	
It name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	irida The	alternate name must include "Lumite	ed Luability Company," "I	l. C." or "Lt.
Virginia 2.		2	86-2524096		
(Jurisdiction under the law of which foreign limited hability company is organized)		3.	(FEL r	number, if applicable)	
ļ					
	(Date first transacted business in Florida, it prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration re penalty	n) Tiability)		
505 Independence Parkway. Suite 300		6	505 Independence Parkw	05 Independence Parkway, Suite 300	
5. Street Address of Principal Office)		n.	(Mailing Address)	7821	
Chesapeake, VA 23320			Chesapeake, VA 23320		1 1
				477	
				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ال المالية المالية المالية
7. Name and street addres	8 of Florida registered agent: (P.O. Box	NOT:	acceptable)	17 1 28 88 B	
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road		·		
	Plantation		33324 , Florida		
	(City)		(Zip cod	ei	

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.

Candice Pignataro, Assistant Secretary
(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:		
■Manager	Name: CDYNE Corporation	□Manager	Name: John Sanders		
□Member	Address:	□Member	Address:		
□Authorized	505 Independence Parkway Suite 300	□Authorized	Person Chesapeake, VA 23320 President □Other □		
Person	Chesapeake, VA 23320	Person			
□Other		Other			
□Manager	Name:	□Manager	Name: 55 El		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized	50 TO SHE		
Person		Person			
□Other	Other	☐Other			
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
□Other	Other	□Other	Other		

<u>Important Notice:</u> 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. Lam 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.

- Mand	Zen	
	Signature of an authorized person	
John Sanders		
	Typed or printed name of signee	

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That 505 Asset Management LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on February 11, 2021; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

March 3, 2021

Bernard J. Logan, Clerk of the Commission