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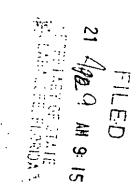
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V SUBJECT: _	Vright Management Services LLC	
_		e of Limited Liability Company
he enclosed " existence, and	Application by Foreign Limited Liability Coheck are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
lease return a	Il correspondence concerning this matter to	o the following:
	Timothy S. Wright	
		Name of Person
	Wright Management Services LLC	
		Firm/Company
	71 Cache Cay Drive	
		Address
	Vero Beach, Florida 32963	
	Ci	ity/State and Zip Code
	twright@entecworks.com	
	E-mail address: (to be	used for future annual report notification)
For further info	ormation concerning this matter, please cal	il:
Timo	thy S. Wright	212 758-7687
	Name of Contact Person	at ()
Regis Divis P.O.	stration Section sion of Corporations Box 6327 chassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	sed is a check for the following amount: e make check payable to: FLORIDA DEP 25.00 Filing Fee \$130.00 Filing Fee Certificate o	PARTMENT OF STATE e & \$\Begin{array}{l} \$160.00 \text{ Filing Fee, Certificate} \end{array}

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:

Wright Management Ser	vices LLC imited Liability Company: must include "Limited		
(Name of Foreign L	imited Liability Company; must include "Limited	I Liability Company," "L.L.C.,"	or "LLC.")
a let and themse pe	me adopted for the purpose of transacting business in Fl	orida. The alternate name must includ	le "Limited Liability Company," "L.L.C," or "LLC
name unavailable, effer affertitle to	the anythen for the purpose to management		
Connecticut		30-0011291 3	(FEI number, if applicable)
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	<u> </u>	(FEI number, if applicable)
NA			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	
71 Cache Cay Drive		6. (Mailing Address)	office
treet Address of Principal Office)		(Mailing Address)	
ifeer Address of Criticipal Conservation			
Vero Beach, Florida 329	963		
			2
			• • • • • • • • • • • • • • • • • • • •
			<u> </u>
Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
	-		
			5.4 *
Name:	Timothy S. Wright		9
ranic.			<u>;</u> 5
	71 Cache Cay Drive		्र स्
Office Address:			
	Vero Beach		32963
			(Zip code)
	(City)		first and

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.

Timolly S Wight
(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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Timothy S. Wright	□Manager	Name: Elizabeth H. Wright
■Member	Address: 71 Cache Cay Drive	■Member	Address: 71 Cache Cay Drive
□Authorized	Vero Beach, Florida 32963	□Authorized	Vero Beach, Florida 32963
Person		Person	- <u></u> -
President	Other	■Other_Vice-Presid	dent Secretary Secretary
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u> </u>
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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.

Timothey 5. Whigher
Signature of an authorized person

Timothy S. Wright

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

WRIGHT MANAGEMENT SERVICES LLC

a domestic limited liability company, were filed in this office on October 29, 2001.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: April 06, 2021

Business ID: 0694714 Express Certificate Number: 2021229819001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov