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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

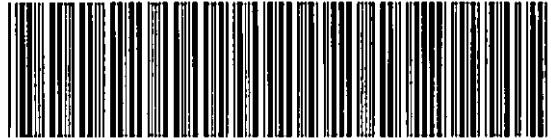
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMG Financial IV LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Viktoria Williamson

Name of Person

Simple Management Group, Inc

Firm/Company

625 Main Street, Suite 27

Address

Windermere, FL 34786

City/State and Zip Code

gethin@smg.inc

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Viktoria Williamson

at ( 321 ) 424-5919

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. SMG Financial IV 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-0925932  
(FEI number, if applicable)

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

5. 625 Main Street, Suite 27  
(Street Address of Principal Office)

6. 625 Main Street, Suite 27  
(Mailing Address)

Windermere, FL 34786

Windermere, FL 34786

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

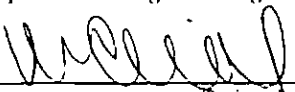
Name: Viktoria Williamson

Office Address: 625 Main Street, Suite 27

Windermere, Florida 34786  
(City) (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.*

  
(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]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>               |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Manager               | Name: <u>Chad McGhee</u>             | <input type="checkbox"/> Manager               | Name: <u>Gethin Huckle</u>             |
| <input type="checkbox"/> Member                | Address: <u>125 Forest Street</u>    | <input type="checkbox"/> Member                | Address: <u>2540 Meadowview Circle</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Windermere, FL 34786</u>          | <input checked="" type="checkbox"/> Authorized | <u>Windermere, FL 34786</u>            |
| Person   | _____                                | Person   | _____                                  |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____   |
| <br><input type="checkbox"/> Manager           | Name: _____                          | <br><input type="checkbox"/> Manager           | Name: _____                            |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member                | Address: _____                         |
| <input type="checkbox"/> Authorized            | _____                                | <input type="checkbox"/> Authorized            | _____                                  |
| Person   | _____                                | Person   | _____                                  |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____   |
| <br><input type="checkbox"/> Manager           | Name: _____                          | <br><input type="checkbox"/> Manager           | Name: _____                            |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member                | Address: _____                         |
| <input type="checkbox"/> Authorized            | _____                                | <input type="checkbox"/> Authorized            | _____                                  |
| Person   | _____                                | Person   | _____                                  |
| <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.

E. S. Huckle  
Signature of an authorized person

Gethin Huckle  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SMG FINANCIAL IV, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF MAY, A.D. 2021, AT 11:15 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMG FINANCIAL IV, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2021.

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



5924603 8315

SR# 20211849769

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203235563

Date: 05-18-21

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2021 JUN -1 PM 2:03  
SECRETARY OF STATE  
JEFFREY W. BULLOCK