

M21000007889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

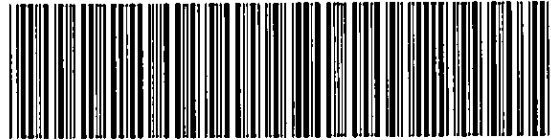
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TALLAHASSEE, FL

SP

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 6/22 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING**

LLC \_\_\_\_\_

**1. PARAGON LEGAL GROUP LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. PARAGON LEGAL GROUP 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 3. 83-1487222  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/01/2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 601 California Street, Suite 1501 6. 601 California Street, Suite 1501  
(Street Address of Principal Office) (Mailing Address)  
San Francisco CA 94108 San Francisco CA 94108

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

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Plaza Dr, Suite A  
Tallahassee, Florida 32301  
(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.*

Brandon W. Wynn

(Registered agent's signature)

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2021 JUN 22 PM 1:28  
TALLAHASSEE  
SECRETARY OF STATE

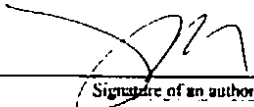
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Jessica Markowitz		<input checked="" type="checkbox"/> Manager	Name:	Trista Engel	
<input type="checkbox"/> Member	Address:	601 California Street		<input type="checkbox"/> Member	Address:	601 California Street	
<input type="checkbox"/> Authorized		Suite 1501		<input type="checkbox"/> Authorized		Suite 1501	
Person		San Francisco, CA 94108		Person		San Francisco, CA 94108	
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:	Calyx Capital Holdings LLC		<input type="checkbox"/> Manager	Name:	Calyx Capital Midco, Inc.	
<input checked="" type="checkbox"/> Member	Address:	601 California Street		<input checked="" type="checkbox"/> Member	Address:	601 California Street	
<input type="checkbox"/> Authorized		Suite 1501		<input type="checkbox"/> Authorized		Suite 1501	
Person		San Francisco, CA 94108		Person		San Francisco, CA 94108	
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:			<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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Jessica Markowitz

Typed or printed name of signer

# Delaware

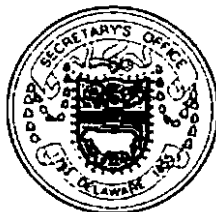
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAGON LEGAL GROUP 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 TWENTY-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARAGON LEGAL GROUP LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2018.

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



7002098 8300

SR# 20212515441

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.

Authentication: 203502495

Date: 06-22-21