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Page: 2 of 6

Division of Corporations

Fax Number : (8

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	

## Foreign Limited Liability Company OD BOLD A-1, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help



134

From; Kimberly Laut

132.0.0

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

IN COMPLANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

sanse unavasinble, emer alternate ne	ame adopted for the purpose of trensnating business in F	korida Tibe ali	errinte name must include "Limited Liability	Company ' "L.L.C," or "LLC ")
Delaware		3.	87-1443588 (FEI number, 17s	
(Junisdiction under the law of wh	ich iereign limited liability company is organized)	• • •	(FEI wumber, if a	[मान्डोर्सर)
				20:
·······························	(Date first transacted business in Florids, if prior to (See sections 603,0904 & 603 0905, F.S. to determ	registration ) une penalty bi	ability)	27
567 San Nicolas Drive,			67 San Nicolas Drive, Suite 45	0
set Address of Principal Office)		6	(Mailing Address)	h
Newport Beach, CA 92	660	1	Newport Beach, CA 92660	PH 4:1
Name and s <u>treet addres</u>	s of Florida registered agent: (P.O. Box	- c <u>NOT</u> ac	cceptable)	0,
Name and s <u>treet addres:</u> Name:	s of Florida registered agent: (P.O. Box C T Corporation System	< <u>NOT</u> ac	cceptable)	O,
	C T Corporation System	NOT ac	ceptable)	O,
Name:	C T Corporation System  1200 South Pine Island Road		27224	O,
Name:  Office Address:  gistered agent's accept ving been named as re- ignated in this applicat comply with the provisi-	C T Corporation System  1200 South Pine Island Road  Plantation  (City)	process for register	Florida  The above stated agent and a	(Ap code)  sted limited liah gree to act in th

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 Capacit	<u>v:</u>	Name and Address:
■Manager	Name: Douglas O'Donnell	□Manager	Name:	
□Member	Address: 567 San Nicolas Dr., Ste 450	□Member	Address:	
□Authorized	Newport Beach, CA 92660	□Authorized		
Person	A CONTRACTOR OF THE CONTRACTOR	Person		<u></u>
□Other	□Other	□Other	<del></del>	Other
□Manager	Name: Peter O'Donnell	□Manager	Name:	
☑ Member	Address: 567 San Nicolas Dr., Ste. 450	∐Member	Address:	
□Authorized	Newport Beach, CA 92660	□Authorized		
Person	Marie Company of the	Person		702
□Other	Other	□Other		Dother
				7 7
□Manager	Name: Ill F22i	□Manager	Name:	
□Member	Address: 1810 Chapel Ave. W.	[]Member	Address: _	-11 5
₩ Authorized	Suite 200, Cherry Hill, NJ 08002	□Authorized		
Person		Person		
ClOther		L]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.

_Gii	1 Cy Signature of an authorized person	
Jill Ezzi		
	Funed so priored game all surper	

To: 18506176683



Page 1

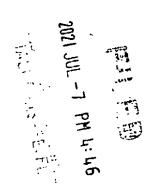
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OD BOLD A-1, 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-FIFTH DAY OF JUNE, A.D. 2021.





Authentication: 203542693

Date: 06-25-21