Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:\_\_\_

## Foreign Limited Liability Company Focus Client Solutions, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

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

IN COMPLANCE WITH SECTION 805.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGIN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| f name unavailable, enter alternate n | ame adopted his the purpose of transacting business in Flo   | mids. The alternate mante must include "Launter | d Liability Company," "L.L.C." or "FF |  |  |  |
|---------------------------------------|--|---|---------------------------------------|--|--|--|
| Delaware                              |  | 83-3308406<br>3. (H! number, if applicable)     |                                       |  |  |  |
| 7/16/2021                             | нся тегеня: негиси напапу сотрану із огдані гео  | (FI) III  | imoer, u appricaniej                  |  |  |  |
| -                                     | (Date first translated business in Plonda, if prior to a<br>(See sections 603 6904 & 605 0905; F.S. to determine | egistration )<br>ne penalty liability (         | <u>.</u>                              |  |  |  |
| 875 3rd Avenue, 28th Floor            |  | 875 3rd Avenue, 28th Flo                        |                                       |  |  |  |
| reet Address of Poneipal Office)      |  | (Mailing Address)                               |                                       |  |  |  |
| New York, NY 10022                    |  | New York, NY 10022                              |                                       |  |  |  |
|                                       |  |   | 021 JU                                |  |  |  |
| Name and street addres                | s of Florida registered agent: (P.O. Box   | NOT acceptable)                                 | )L 19 P                               |  |  |  |
| Name:                                 | C T Corporation System   |   | PM 3: 46                              |  |  |  |
| Office Address:                       | 1200 South Pine Island Road  | <u></u>   | · · · · · · · · · · · · · · · · · · · |  |  |  |
|                                       | Plantation   | 33324<br>, Florida                              |                                       |  |  |  |
|                                       | (City)   | (Zip aide                                       | 1                                     |  |  |  |

## 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.

By: Sandra Zwijack, Assistant Secretary

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 | <u>'1</u> | Name and Address: |
|--------------------|----------------------------|-------------------|-----------|-------------------|
| ■Manager           | Name: Focus Operating, LLC | □ Manager         | Name:     |                   |
| ⊒Member            | Address: 28th Floor        | □ Member          | Address:  |                   |
| □Authorized        | New York, NY 10022         | Authorized        |           |                   |
| Person             |                            | Person            |           |                   |
| ⊡Other             | Other                      | □ Other           |           | Other             |
| □Manager           | Name:                      | ⊒Manager          | Name:     |                   |
| ⊒Member            | Address:                   | □Member           | Address:  |                   |
| □ Authorized       |                            | T. Authorized     |           |                   |
| Person             |                            | Person            |           | 2                 |
| ⊡Other             | Other                      | □Other            |           | □Other U          |
|                    |                            |                   |           |                   |
| ⊡Manager           | Name:                      | □Manager          | Name:     | 9 <u>P</u>        |
| □Member            | Address:                   | □Member           | Address:  | <u> </u>          |
| □Authorized        |                            | ☐ Authorized      |           | £ 6               |
| Person             |                            | Person            |           |                   |
| ()ther             | 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. 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.

Signatu. ed an authorized person

J. Russell McGranahan

Typed or printed name of signee



Page 1

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

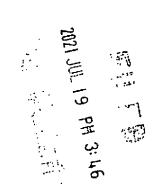
DELAWARE, DO HEREBY CERTIFY "FOCUS CLIENT SOLUTIONS, LLC" IS DULY

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 SIXTEENTH DAY OF JULY, A.D. 2021.

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





Authentication: 203697478

Date: 07-16-21