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.

(((H21000284749 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Phone

Account Number : I20090000081 : (307)200-2803

Fax Number

: (855)330-1010

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

| Empil | Addrass. |  |  |  |
|-------|----------|--|--|--|

## Foreign Limited Liability Company Stoic, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Stoic, 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.E.C," or "LEC.") <sub>5.</sub> 4030 Wake Forest Road 4030 Wake Forest Road (Street Address of Principal Office) **STE 349 STE 349** Raleigh NC 27609 Raleigh NC 27609 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Arnold Jorgensen John Watson Manager Manager 7901 4th St N STE 300 Smith Tower 506 Second Avenue ✓ Member Member St. Petersburg FL 33702 Seattle WA 98104 Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Other\_\_\_\_ Name: Name: \_\_\_\_\_\_ Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other Other\_\_\_\_ Other Other\_\_ Name: Manager Name: \_\_ Manager Address: \_\_\_\_ Address: \_\_\_\_ Member Member 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.

Riber Park

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



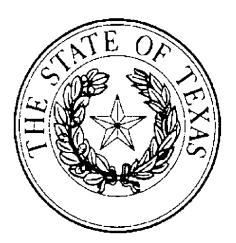
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Stoic LLC (file number 801525260), a Domestic Limited Liability Company (LLC), was filed in this office on December 26, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the seal of State at my office in Austin, Texas on July 26, 2024.



Phone: (512) 463-5555

Jose A. Esparza Deputy Secretary of State