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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 938879 7190A						
AUTHORIZATION : CAN Lacenson						
COST LIMIT : \$125.00	.	-				
ORDER DATE : July 28, 2021						
ORDER TIME : 3:11 PM	•	21				
ORDER NO. : 933079-005		ال الا				
CUSTOMER NO: 7190A		JUL 28				
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FOREIGN FILINGS		1: 45				
	,	C)				
NAME: NAPIOR MANAGEMENT LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER: ____

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Napior Management LLC					
SUBJECT	Name of Limited Liability Company					
Existence, ar	1 "Application by Foreign Limited Liabili and check are submitted to register the abo	ve referenced foreign limite				
Please return	all correspondence concerning this matte	er to the following:				
	Claudia A. Prendergast, Paralegal					
	Name of Person					
	Rath, Young and Pignatelli, P.C.					
	Firm/Company					
	1 Capital Plaza, PO Box 1500		7	20		
	Address					
	Concord, NH 03302-1500		,			
City/State and Zip Code						
	cap@rathlaw.com					
	E-mail address: (to	be used for future annual r	report notification)	_ 		
For further in	nformation concerning this matter, please	call:		. 4		
Cla	udia A. Prendergast	603 at (226-2600			
	Name of Contact Person	Area Code	Daytime Telephone Number	-		
Mai	iling Address:	Street Address:				
Registration Section Registration Section		ction				
	rision of Corporations	•				
P.C	D. Box 6327	The Centre of T	The Centre of Tallahassee			
Tal	lahassee, FL 32314	zsee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount use make check payable to: FLORIDA D \$125.00 Filing Fee	EPARTMENT OF STAT	ng Fee & 🔲 \$160.00 Filing Fee.			

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 TAMITED DABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Napior Management 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,") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) July 1, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability.) 2107 Oceanview Drive 2107 Oceanview Drive 5. (Street Address of Principal Office) (Mailing Address) Tierra Verde, FL 33715 Tierra Verde, FL 33715 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee . Florida

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.

Eulina Baker

(City)

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:

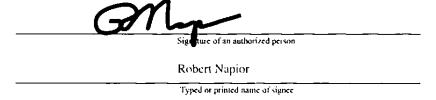
Title or Capacity:

Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
□Manager	Name: Robert Napior, Trustee	□Manager	Name:	
■Member	Address: 2107 Oceanview Drive	□Member	Address:	
□Authorized	Tierra Verde, FL 33715	□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	···
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		2021
Person		Person		
□Other	Other	Other		Uother ∞
				PH 1: 5
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
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.





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

DELAWARE, DO HEREBY CERTIFY "NAPIOR MANAGEMENT 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-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAPIOR

MANAGEMENT LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER,

A.D. 2014.

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

2021 JUL 28 PM 1:45



Authentication: 203784850

Date: 07-28-21

5664889 8300 SR# 20212826226