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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
Fax Number : (904) 355-0233

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

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**Foreign Limited Liability Company
Second Act Solutions, LLC**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SR

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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. SECOND ACT SOLUTIONS, 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. GEORGIA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 129 OSPREY COVE LANE 6. 129 OSPREY COVE LANE
(Street Address of Principal Office) (Mailing Address)

PONTE VEDRA BEACH, FLORIDA 32082

PONTE VEDRA BEACH, FLORIDA 32082

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

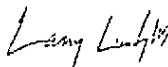
Name: LARRY BLANCHARD LUNDY

Office Address: 129 OSPREY COVE LANE

PONTE VEDRA BEACH, Florida 32082
(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, 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)

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TALLAHASSEE, FL

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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: <u>LARRY BLANCHARD LUNDY</u>	<input checked="" type="checkbox"/> Manager	Name: <u>MARY STRICKLAND LUNDY</u>
<input type="checkbox"/> Member	Address: <u>129 OSPREY COVE LANE</u>	<input type="checkbox"/> Member	Address: <u>129 OSPREY COVE LANE</u>
<input type="checkbox"/> Authorized	<u>PONTE VEDRA BEACH, FLORIDA</u>	<input type="checkbox"/> Authorized	<u>PONTE VEDRA BEACH, FLORIDA</u>
Person	<u>32082</u>	Person	<u>32082</u>
<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 _____
 <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.

Larry Lundy

Signature of an authorized person

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Control Number : 21210844

STATE OF GEORGIA**Secretary of State****Corporations Division****313 West Tower****2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530****CERTIFICATE OF ORGANIZATION**

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

SECOND ACT SOLUTIONS, LLC**a Domestic Limited Liability Company**

has been duly organized under the laws of the State of Georgia on **07/29/2021**, by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **08/04/2021**.

*Brad Raffensperger*

Brad Raffensperger
Secretary of State

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ARTICLES OF ORGANIZATION

Electronically Filed

Secretary of State

Filing Date: 7/29/2021 8:22:39 AM

BUSINESS INFORMATION

CONTROL NUMBER	21210844
BUSINESS NAME	SECOND ACT SOLUTIONS, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	07/29/2021

PRINCIPAL OFFICE ADDRESS

ADDRESS	129 OSPREY COVE LANE, PONTE VEDRA BEACH, FL, 32082, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
COGENCY GLOBAL, INC.	900 OLD ROSWELL LAKES PARKWAY, SUITE 310, ROSWELL, GA, 30076, USA	Fulton

ORGANIZERS

NAME	TITLE	ADDRESS
LARRY LUNDY	ORGANIZER	129 OSPREY COVE LANE, PONTE VEDRA BEACH, FL, 32082, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	LARRY LUNDY
AUTHORIZER TITLE	Manager

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