

M21000010794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

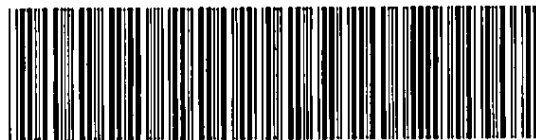
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2021 AUG 16 AM 8:08


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SECRETARY
HALLAHASSEE, RUBIN...

AUG 16 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 955652 5157381
AUTHORIZATION : 
COST LIMIT : \$125.00

ORDER DATE : August 12, 2021
ORDER TIME : 9:49 AM
ORDER NO. : 955652-005
CUSTOMER NO: 5157381

FOREIGN FILINGS

NAME: LONGBOW, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

**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. Longbow, 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. Delaware 3. 52-1948563
(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. 5600 Sand Lake Rd., MP-205 6. 5600 Sand Lake Rd., MP-205
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32825 Orlando, FL 32825

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2021 AUG 16 AM 8:00

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: Alexis Weibnd, assistant va president
(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: David Belvin

☐ Member Address: 5600 Sand Lake Rd.

☐ Authorized Orlando, FL 32825

Person _____

☒ Other Director ☐ Other _____

☐ Manager Name: Karmyn Norwood

☐ Member Address: 5600 Sand Lake Rd.

☐ Authorized Orlando, FL 32825

Person _____

☒ Other Director ☐ Other _____

☐ Manager Name: Howard Lurie

☐ Member Address: 793 Elkridge Landing Rd, Airport Plaza MS 1684

☐ Authorized Linthicum Hts, MD 21090

Person _____

☒ Other Director ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Thomas Eldridge

☐ Member Address: 5600 Sand Lake Rd.,

☐ Authorized Orlando, FL 32825

Person _____

☒ Other Director ☐ Other _____

☐ Manager Name: Bill Earnest

☐ Member Address: 793 Elkridge Landing Rd, Airport Plaza MS 1684

☐ Authorized Linthicum Hts, MD 21090

Person _____

☒ Other Director ☐ Other _____

☐ Manager Name: Christy Predaina

☐ Member Address: 793 Elkridge Landing Rd, Airport Plaza MS 1684

☐ Authorized Linthicum Hts, MD 21090

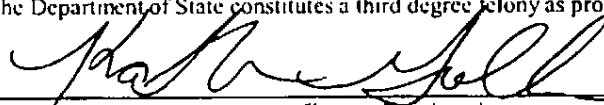
Person _____

☒ Other Director ☐ 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.



Signature of an authorized person

Katherine Goedeker

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONGBOW 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 THIRTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LONGBOW LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 1995.

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



2519134 8300

SR# 20212978709

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203920749

Date: 08-13-21