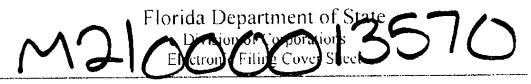
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Division of Corporations



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To:

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Page: 2 of 5

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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 Continental General Management, LLC

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Corporate Filing Menu

Help

From Kaity Toon

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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	, , , ,		mited Liability Company," "L.L.C," or "1
Delaware		3. 47-3724069	
(Jurisdiction under the law of w	high foreign limited liability company is organized)		FI number, if applicable)
Upon Qualification			
	(Date first transacted business in Plorida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	egistration) ne penalty liability)	
11001 Lakeline Blvd.,	Ste.120	6. 11001 Lakeline Blvd., (Mailing Address)	Stc.120
et Address of Principal Office)		(Maining Address)	
:		4 TV 70717	
Austin, TX 78717		Austin, TX 78717	
			20 1.4:
Austin, TX 78717 Name and street addre	ss of Florida registered agent: (P.O. Box		SECRE)
	ss of Florida registered agent: (P.O. Box C T Corporation System		SECRETARY FALLAHASSE
Name and street addre			SECRETARY OF ST
Name and <u>street addre</u> Name:	C T Corporation System		SEE, FLORIS

/s/ Michele Holden

(Registered agent's signature)

By:

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:
□Manager	Name: Michael Gorzynski	□Manager	Name:	
Member	Address: 11001 Lakeline Blvd.	□Member	Address:	
□Authorized	Ste.120	□Authorized		
Person	Austin, TX 78717	Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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.

/s/ Michael Gorzynski	<u></u>	
	Signature of an authorized person	
Michael Gorzynski		
	Typed or printed name of signer	

To: -18506176383



Page 1

19542080845

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

DELAWARE, DO HEREBY CERTIFY "CONTINENTAL GENERAL 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 TWELFTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204393388

Date: 10-12-21