For ida Department of State

Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## Foreign Limited Liability Company Core SVA Tampa Valor, LLC

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Corporate Filing Menu

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

	TION 605.0902, FLORIDA STATUTES, THE F SINESS IN THE STATE OF FLORIDA:	ОПОНІ	NG IS SUBMITTED TO REGISTER .	A FOREIGN LIMITED LIABILITY
, Core SVA Tampa Vale				
	Limited Liability Company, must include "Limite	a Liabilio	Company," "L.IC.," or "LLC.")	
(If name unavailable, onter alternate of	name adopted for the purpose of transacting business in P	Torida The	alternate name must include "Limited Lishili	ity Company," "L.L. C," or "LLC.";
DE				
2. (Jurisdiction under the law of w	hich foreign lumited liability company is organized)	3.	i. El muniber, i	l'applicable 1
11/2021				
4.	(Date first transacted business in Florids, if print to (See sections 605,0904 & 605,0903, F.S. to determ	regatratio	hability)	
1643 N Milwaukee Av	ve		Same as principal	
5. (Street Address of Principal Office)		6.	(Mailing Address)	
				737
5th Fl	<u> </u>			
				( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Chicago, IL 60647				
7. Name and street address  Name:	SS of Florida registered agent: (P.O. Boston C T Corporation System	x <u>NOT</u>	acceptable)	PH I: H
Office Address:	1200 South Pine Island Road			
	Plantation		33324	
	(Cay)		(Zip earle)	<del>7.0</del>
designated in this applica to comply with the provisi and accept the obligation	stance: egistered agent and to accept service of ution, I hereby accept the appointment i ions of all statutes relative to the prope- s of my position as registered agent.  C T Corporation System  3y: /s/ Sandra Zwijack  (Registered agent)	as register and co	ered agent and agree to act in t implete performance of my duti	this capacity. I further agree
	Sandra Zwijack, Assistant Se	cretary		

19542080845

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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]:

Title or Capacity:	Name and Address:	Title or Canacity:	Name and Address:
□Manager	Name: Adam Grant	□Manager	Name:
□Member	Address: 1643 N Milwaukee Ave	□Member	Address:
■Authorized	Sth FI	□Authorized	
Person	Chicago, IL 60647	Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□ Other	Other	☐Other
□Manager	Name:	ШManageт	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. Nonindexed 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 \$.817.155, F.S.

Signature of an authorized person

Adam Grant

Typed or printed name of signce

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CORE SVA TAMPA VALOR, 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 THIRD DAY OF DECEMBER, A.D. 2021.

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

at corp.delaware.gov/aut

Authentication: 204861544

Date: 12-03-21