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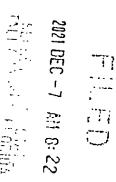
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COVER LETTER

TO:

1200 C. Boron LLC		
1200 S. Rogers, LLC JECT:	· · · · · · · · · · · · · · · · · · ·	
Na	me of Limited Liability Company	
	y Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.	
e return all correspondence concerning this matter	r to the following:	
Nicholas Wolfe		
	Name of Person	
1200 S. Rogers, LLC		
	Firm/Company	
1200 S. Rogers Circle, #4		
	Address	
Boca Raton, FL 33487		
	City/State and Zip Code	
info@seniorinformationcenters.com	1	
E-mail address: (to	be used for future annual report notification)	
urther information concerning this matter, please of	eall:	
Nicholas Wolfe	561 998-6039	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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; 1200 S. Rogers, 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 "L.L.C.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) November 30, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1200 S. Rogers Circle, #4 1200 S. Rogers Circle, #4 (Street Address of Principal Office) Boca Raton, FL 33487 Boca Raton, FL 33487 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Nicholas Wolfe Name: 1200 S. Rogers Circle, #4 Office Address: Boca Raton 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.

(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: Title or Capacity: Name and Address: Name: Nicholas Wolfe □Manager Name: □Manager Address: _____ □ Member ☐ Member Address: 1200 S. Rogers Circle, #4 Authorized ☐ Authorized Boca Raton, FL 33487 Person Person Other___ Other___ □Other______ Other___ Name: _____ □Manager □Manager □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other_____ Other □Other_____ Name: □Manager □ Manager □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 s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Nicholas Wolfe



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

DELAWARE, DO HEREBY CERTIFY "1200 S. ROGERS, 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 FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "1200 S.

ROGERS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1200 S. ROGERS,

LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2019.

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

Authentication: 204831910

Date: 12-01-21