Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

2022 JAN 20 AH 11: 96

Foreign Limited Liability Company Cobalt Integration LLC

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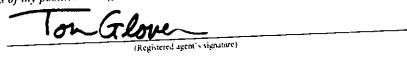
Help

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

leenste name	adented for the purpose of transacting business in	Florida. The alternate name trust include "Limited Liability 0	ompany," "L.L.C," or "LLC"	")
llingic		84-4205076		
(Jurisdiction under the law of which	foreign limited liability company is organized)	, ,		
	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605,0905, F.S. to de	or to registration)	_	
2001 Einley		6. 7901 4th St N		
2801 Finle	neipal Office)			
Ste 201		STE 300	7 - 43	
	ove IL 60515	St. Petersburg	FL3376	- _
	s of Florida registered agent: (P.O.	Box NOT acceptable)	JAN 20 P RETARY OF AHASSEE.	- [
	Northwest Registered	Agent LLC	PH 4: 27 OF STATE E. FLORIDI	1
Name:	7901 4th St N S		A	
Office Address:	St. Petersburg	Florida 33702	2	

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.



8. For initial index manage [up to six (6)	ing purposes, list names, title or capacity and address; total]:	esses of the primary m	embers/managers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Jeffrey Victorin	Manager	Name: Amy Lomax
Member	Address: 6950 Plymouth Road	⋈ Member	Address: 214 Worthington Court
Authorized	Downers Grove IL 60576	Authorized	Clayton NC 27527
Person		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
9. Attached is a cert jurisdiction under the of the translator mu	is executed in accordance with section 605.0203 (1 ment to the Department of State constitutes a third	da Department of State y authenticated by the in a foreign language (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information.
	Morgan Noble		

Typed or printed name of signee

File Number

0838730-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

COBALT INTEGRATION LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of JANUARY A.D. 2022 .

Authentication #: 2201903204 verifiable until 01/19/2023

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE