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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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Certified Copies	_ Certificates of S	tatus
Special Instructions to	Filing Officer:	





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S. ROBERTS

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida, T	he alternate name must include "Limited Liabilit	ty Company," "L.L.C," or "L.L.C	:.")
Delaware 2.		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if	applicable)	
4	(Date first transacted business in Florida, if prior to registra (See sections 605.0904 & 605.0905, F.S. to determine pena	ion.)	_	
235 W. Airport Blvd	(See sections 605.0904 & 605.0905, F.S. to determine pena	235 W. Airport Blvd		
5. (Street Address of Principal Office)		(Mailing Address)		
Pensacola, FL 32505		Pensacola, FL 32505		
 Name and <u>street address</u> Name: 	ss of Florida registered agent: (P.O. Box <u>NO'</u> COGENCY GLOBAL INC.	<u>r</u> acceptable)	JAN 26 A	
Office Address:	115 NORTH CALHOUN ST., SUITE 4			ا می _{نس} ا
	TALLAHASSEE	32301 , Florida	i	
	(City)	(Zip code)		

Sheila Carroll, Assistant Secretary

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:	<u>.</u>	Name and Address:
□Manager	Name: Pensacola Member, LLC	□Manager	Name:	
☑ Member	Address: 235 W. Airport Blvd	□Member	Address:	
□Authorized	Pensacola, FL 32505	□Authorized		
Person		Person	,	
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	 	
Person		Person		
□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. 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 Diana Johnson

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PENSACOLA OPCO, 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 NINETEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PENSACOLA OPCO, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2022.

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

Authentication: 202434480

Date: 01-19-22

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