## M22000001283

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	ilL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	<del></del>
Special Instructions to Filing Officer:	
	]
	]

Office Use Only



700380539907

2022 JAN 26 AM II: 41

2022 JAN 26 PH 4: 3

S. ROBERTS

JAN 2 6 2022

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

3. Sarasota OpCo, LLC

Durisdiction under the law of which foreign limited liability company is organized)   3.   (FEI number, Happlicable)	l'name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Lia	bility Company," "L.L.C."	" or "L.L.C.")
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:  COGENCY GLOBAL INC.  Name:  TALLAHASSEE  TALLAHASSEE  TALLAHASSEE  (Date first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 605.0905, F.S. to determine penalty liability)  4783 Fruitville Rd  (Mailing Address)  Sarasota, FL 34232  Sarasota, FL 34232  TALLAHASSEE  TALLAHASSEE  (FIOrida 1 prior to registration.) (Mailing Address)  Sarasota, FL 34232  Tallahassee  (P.O. Box NOT acceptable)  Tallahassee	Delaware		1		
A783 Fruitville Rd  6. 4783 Fruitville Rd  6. (Mailing Address)  Sarasota, FL 34232  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:  Office Address:  TALLAHASSEE  TALLAHASSEE  Florida  4783 Fruitville Rd  (Mailing Address)  Sarasota, FL 34232	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numbe	r, if applicable)	
A783 Fruitville Rd  6. 4783 Fruitville Rd  6. (Mailing Address)  Sarasota, FL 34232  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:  Office Address:  TALLAHASSEE  TALLAHASSEE  Florida  4783 Fruitville Rd  (Mailing Address)  Sarasota, FL 34232					
A783 Fruitville Rd  6. 4783 Fruitville Rd  6. (Mailing Address)  Sarasota, FL 34232  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:  Office Address:  TALLAHASSEE  TALLAHASSEE  Florida  4783 Fruitville Rd  (Mailing Address)  Sarasota, FL 34232					
A783 Fruitville Rd  6. 4783 Fruitville Rd  6. (Mailing Address)  Sarasota, FL 34232  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:  Office Address:  TALLAHASSEE  TALLAHASSEE  Florida  4783 Fruitville Rd  (Mailing Address)  Sarasota, FL 34232		(Date first transacted business in Florida, if prior to registra (See sections 605 0904 & 605,0905, F.S. to determine pen-	tion.) ilty liability)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:    115 NORTH CALHOUN ST., SUITE 4   115   1	4783 Fruitville Rd				
Sarasota, FL 34232  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:  115 NORTH CALHOUN ST., SUITE 4  Office Address:  TALLAHASSEE  Florida  32301					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  COGENCY GLOBAL INC.  Name:  COGENCY GLOBAL INC.  Name:  TALLAHASSEE  TALLAHASSEE  TALLAHASSEE  TALLAHASSEE  TALLAHASSEE  TOTAL TOT	·		(stating Address)		
COGENCY GLOBAL INC.  Name:  115 NORTH CALHOUN ST., SUITE 4  TALLAHASSEE  TALLAHASSEE  32301  Florida	Sarasota, FL 34232		Sarasota, FL 34232		
Office Address:  COGENCY GLOBAL INC.  Name:  115 NORTH CALHOUN ST., SUITE 4  TALLAHASSEE  TALLAHASSEE  J2301  Florida					
COGENCY GLOBAL INC.  Name:  II5 NORTH CALHOUN ST., SUITE 4  TALLAHASSEE  TALLAHASSEE  JERNARY JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN					
COGENCY GLOBAL INC.  Name:  II5 NORTH CALHOUN ST., SUITE 4  TALLAHASSEE  TALLAHASSEE  JERNARY JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN			<u> </u>	<del>- 12 2</del>	
COGENCY GLOBAL INC.  Name:  II5 NORTH CALHOUN ST., SUITE 4  TALLAHASSEE  TALLAHASSEE  J2301  Florida	Nama and arms and desir	and the state of t	**	2 J	لستاسه
Office Address:  COGENCY GLOBAL INC.  115 NORTH CALHOUN ST., SUITE 4  TALLAHASSEE  TALLAHASSEE  JULY  TOTAL  TOTAL	Name and street addres	is of Florida registered agent: (P.O. Box NO	Lacceptable)		j j garana sama
Name:  Office Address:  TALLAHASSEE  TALLAHASSEE  Total Tota					er- :
Office Address:  TALLAHASSEE  Total Transport of the state of the stat	Name:	COGENCY GLOBAL INC.			444
Office Address:  TALLAHASSEE  , Florida  , Florida	rane.	· · · · · · · · · · · · · · · · · · ·			
TALLAHASSEE 32301 Florida	Office Address	115 NORTH CALHOUN ST., SUITE 4			Mary Services
, Florida	Office Address:		<del></del>		
		TALLAHASSEE			
(Sip (CCC)		(City)		<del></del>	
		(0.1),	(sip code)		
	ving been named as re- ionated in this applica	gistered agent and to accept service of proces	is for the above stated limited lie	ability company a	t the pla
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pla	gnatea in inis applica omply with the provisi	ons of all statutes relative to the proper and i	sierea ageni ana agree to aci in complete performance of my du	this capacity, 1 fi ties, and I am fan	urtner a tilior wi
gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a	accept the obligations	of my position as registered agent,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pla ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi I accept the obligations of my position as registered agent.		10/0/	Dan DD		
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent.		Sheeke !	uswec		
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi		(Registered agent's signatur	2)		
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi I accept the obligations of my position as registered agent.		<b></b>	_		

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: Sarasota Member, LLC	□Manager	Name:
☑Member	Address: 4783 Fruitville Rd	□Member	Address:
□Authorized	Sarasota, FL 34232	□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	<del></del>	□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.

Signature of an authorized person

Diana Johnson

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SARASOTA 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 "SARASOTA 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.

A CALL OF THE PARTY OF THE PART

Authentication: 202434627

Date: 01-19-22

6537899 8300 SR# 20220178393