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| | (Requestor's Name) |
|---|--------------------------|
| · | (Address) |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer: | |
| | (City/State/Zip/Phone #) |
| PICK-UP | P |
| | (Business Entity Name) |
| _ | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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| | Registration Section Division of Corporations | |
|---------------------------------------|--|---|
| SUBJEC | The Ashcroft Group Holdings, LLC | |
| SUBJEA | | of Limited Liability Company |
| | | Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida |
| Please re | eturn all correspondence concerning this matter to | the following: |
| | David Ayres | |
| | | Name of Person |
| | The Ashcroft Group Holdings, LLC | |
| | | Firm/Company |
| | P.O. Box 430 | |
| | | Address |
| | Osprey, FL 34229 | |
| | C | ity/State and Zip Code |
| | dayres@tagholdings.com | |
| | E-mail address: (to be | used for future annual report notification) |
| For furth | ner information concerning this matter, please cal | l: |
| David Ayres | | 703 405-0677 |
| | Name of Contact Person | at () Area Code Daytime Telephone Number |
| Mailing Address: Registration Section | | Street Address: 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 |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP S125.00 Filing Fee S130.00 Filing Fee Certificate o | e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate |

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

IN COMPLIANCE WITH SECTION 005/0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| The Ashcroft Group He (Name of Foreign | Limited Liability Company; must include "Limited | d Liability | Company," "L.L.C.," of "LLC") | | _ |
|--|---|-----------------------------|--|--|---------|
| f name unavailable, enter alternate n | name adopted for the purpose of transacting business in Fl | orida The | alternate name must include "Limited Lia | ability Company," "L. L. C." or | "LEC ") |
| Delaware | | 7 | 20-8092077 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | ٥, | (FEI numb | er, if applicable) | _ |
| | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi | registration ine penalty |) hability) | | |
| 1044 N. Casey Key Road | | 6 | 1044 N. Casey Key Road | | |
| treet Address of Principal Office) | | 0. | (Mailing Address) | | _ |
| Osprey, FL 34229 | | | Osprey, FL 34229 | | |
| | - | | - | | _ |
| | | - | | | _ |
| Name and street addres | s of Florida registered agent: (P.O. Box | <u>NOT</u> a | cceptable) | 202 | |
| Name: | CT Corporation System | | | ZOZZ JAN 2 | ^ لند |
| Office Address: | 1200 South Pine Island Road | _ | | | |
| | Plantation | | 33324 Florida | ် (၁) (၁) (၁) (၁) (၁) (၁) (၁) | |
| | (City) | | (Zip code) | | |

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 agent₁₁

Tracy Kellner - Assistant Secretary

(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: _____ John Ashcroft Name: David Ayres Manager **■**Manager 5491 West Farm Rd #54 Address: __ Address: 1044 N. Casey Key Road ■ Member ■Member Osprey, FL 34229 Willard, MO 65781 □ Authorized □ Authorized Person Person □Other____ □Other Other_ □Other_____ □Manager Name: _____ □Manager Name: □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other □Other _ □Other ☐ Other____ □Manager □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.

David Ayres

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 "THE ASHCROFT GROUP HOLDINGS, 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 SECOND DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204849706

Date: 12-02-21

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