

2/15/22, 9:54 AM

Division of Corporations
Florida Department of State
Division of Corporation
Electronic Filing Cover Sheet

W2200002434

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000059811 3)))



H220000598113ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

2022 FEB 15 PM 2:23

FILED

**Foreign Limited Liability Company
REZDY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 FEB 15 PM 12:37

S. FRANKLIN

FEB 16 2022

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: DF175E7F-FA17-409F-8A4B-B093232C8F1D

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:

1. REZDY 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 "LLC")

2. DELAWARE 3. 46-4990296
(Jurisdiction under the law of which foreign limited liability company is organized) (F.L.C. number, if applicable)

4. 31 January 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 509 W NORTH STREET, BAY 5 6. 509 W NORTH STREET, BAY 5
(Street Address of Principal Office) (Mailing Address)

RALEIGH RALEIGH
NORTH CAROLINA 27603 NORTH CAROLINA 27603

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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 agent.

By: Margaret E. Routzahn
(Registered agent's signature)

Margaret E. Routzahn, Special Assistant Secretary

FILED
2022 FEB 15 PM 2:23
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

DocuSign Envelope ID: DF175E7F-FA17-409F-8A4B-B093232C8F1D

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:**

☒ Manager Name: ANDREW CAMPBELL

☐ Member Address: 509 W. North St, Bay 5

☐ Authorized RALEIGH

Person NORTH CAROLINA 27603

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: KAREENA BLACK

☐ Member Address: 509 W. North St, Bay 5

☐ Authorized RALEIGH

Person NORTH CAROLINA 27603

☐ Other _____ ☐ Other _____

☐ Manager Name: KEVIN FISHER

☐ Member Address: 509 W. North St, Bay 5

☒ Authorized RALEIGH

Person NORTH CAROLINA 27603

☐ Other _____ ☐ Other _____

☐ Manager Name: CHRIS ATKIN

☐ Member Address: 509 W. North St, Bay 5

☒ Authorized RALEIGH

Person NORTH CAROLINA 27603

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

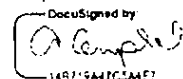
☐ Other _____ ☐ Other _____

2022 FEB 15 PM 2:23

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.

DocuSigned by

 14915A41C3A4E7

Signature of an authorized person

ANDREW CAMPBELL

Typed or printed name of signer

Delaware

The First State

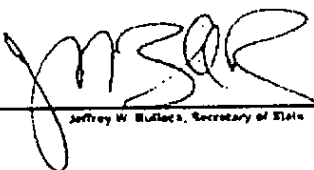
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REZDY 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2022.

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

FILED
2022 FEB 15 PM 2:23
DELAWARE




Jeffrey W. Bullock, Secretary of State

5470459 8300

SR# 20220501585

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202655276

Date: 02-14-22