W22800004219

{	Requestor's Name)
	Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(business entity name;
(Document Number)
Certified Copies	Certificates of Status
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer

Office Use Only



800384052318

2022 MAR 21 AN 11: 02

2022 HAR 21 PH 3: 25

S. FRANKLIN MAR 2 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE : 538106 7965870 AUTHORIZATION : Spelle man COST LIMIT : \$ 125.00	2022 HAR 21
ORDER DATE: March 10, 2022 ORDER TIME: 12:11 PM ORDER NO.: 538106-005 CUSTOMER NO: 7965870	AH 11: 02
FOREIGN FILINGS	
NAME: CONE MILLS ACQUISITION GROUP, LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

IN COMPILANCE WITH SECTION 605:0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

L. Cone Mills Acquisitio (Name of Force)	n Group, LLC eign Limited Liability Company: must	include "Limited Liability	Company," "L.L.C.," or	*LI.C.**)	<u>.</u>
					
Liability Company," "L.L.C,	Iternate name adopted for the purpose of "or "LLC.")	of transacting business in F	Florida. The alternate nam	e must include "Lim	iited
Delaware		_{3.} 85-1534737			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(F	El number, if applicable)		
·	(Date first transacted business	The Elevated of the major to much	tention)	-	
	(See sections 605,0904 & 605,09	905. F.S. to determine pena	alty liability)		
. 2850 Tigertail Avenu	ue, Suite 701			•	
Miami, Florida 33133	3				
	(Street Address of Pri	ncipal Office)	·	•	
2850 Tigertail Avenue	e, Suite 701				
Miami, Florida 33133	3				
	(Mailing Ad	ldress)		•	
. Name and street addres	ss of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable))	20.	
Name:	Timothy Sanders			72 H <i>i</i>	,
Office Address:	2850 Tigertail Avenue, Suite 7	01		2022 HAR 2	
	Miami	FI	orida <u>33133</u>		
	(City)		(Zip code)	三 三	• •
esignated in this applicate complywith the provision	gistered agent and to accept service tion, I hereby accept the appointments of all statutes relative to the property position as registered avent.	ent as registered agent	and agree to act in this	s capacity. I fli th h	er agre
R. The name, title or cana	acity and address of the person(s) w	sho has/have authority to	o manage is/are:		
Arnaud Karsenti, Manag	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
2850 Tigertail Avenue,	Suite 701		· •		
Miami, Florida 33133					
	Δ				
his document is executed	in accordance with section 605.020	7/	tes. I am aware that any	false information	
	the Department of State constitutes				
	Arnaud Karsenti				

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONE MILLS ACQUISITION GROUP, 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 TWENTY-FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONE MILLS

ACQUISITION GROUP, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY,

A.D. 2020.

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

2022 HAR 21 AH 11: 02

at som delaware gov/auti

Authentication: 202961215

Date: 03-21-22