# MZZMOUJYZZ

(	(Requestor's Name)
(	(Address)
	(Address)
	(((((((()))))))))))))))))))))))))))))))
	(City/State/Zip/Phone #)
	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



# 900384342719



8. FRANKLIN S. FRANKLIN MAR 2 5 2022



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	03/24/2022	
	Chris Vick	
	#:1627492	
	e:SARC FL -	CAPE CORAL, LLC
	les of Incorporation/Authorizatio	
🗌 Ame	ndment	
🗌 Char	nge of Agent	
🗌 Rein	statement	
Conv	version	
Merg	ger	
Disse	olution/Withdrawal	
🔲 Fictit	tious Name	
🗹 Othe	CERTIF	
Authorized Signature:	1 Vietness	

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES.
HECHTRY 460072
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

DotuSign Envelope ID: 98090318-DF39-4E74-A562-AB94918449D9

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#### COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Tyler Ramsey				
Name of Person				
R&M Law Group, LLC				
Firm/Company				
718 W Bus Hwy 60				
Address				
Dexter, MO 63841				
City/State and Zip Code				
office@rmlawgroupllc.com				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
Karsen Adams 573 6246004 x121				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Clifton Building				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE				
Please make check payable to: PLORIDA DEPARTMENT OF STATE     \$125.00 Filing Fee   \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate     Certificate of Status   Certified Copy   of Status & Certified Copy				

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APPLICATION BY FO	OREIGN LIMITED LIABII.	ITY COMPANY FOR IN FLORIDA	AUTHOF	RIZATION TO TRANSACT B	USINESS
COMPANY TO TRANSACT BU	CITON 605.0902, FLORIDA STATU USINESS IN THE STATE OF FLOR FRC FL - CADE Limited Liability Company; mult ind	DA:	C	" or "LLC.")	D IJABILITY
(if name unavailable, enter alternate r	ame adopted for the purpose of transacting	business in Florida. The alternate n	ame must includ	de "Limited Liability Сотралу," "L.L C," or "i	
2	3		(FEI number, if applicable)		
(Jurisdiction under the law of w	hich foreign limited liability company is org	euzcd)		(PET Burnder, in applicable)	
4	(Date first transacted business in Flu (See sections 603.0904 & 605 0905,	rida, if prior to registration.) F.S. to determine penalty hability)		<u> </u>	
718 \// F	Bus Hwy 60			O Box 639	
S (Street Address of F		6	······	(Mailing Address)	-
Dexter, MO 63841			Dexter, MO 63841		-
7. Name and street addres	s of Florida registered agent:	(P.O. Box <u>NQT</u> accepts	abie)		_
Name:	COGENCY G	OBAL INC.	-		
Office Address:	115 North Calho	<u>un St. Suite 4</u>			
	Tallaha	ssee	, Florida _	<u>32301</u> (Zip code)	
Registered agent's accep		envice of process for the	about star	ad limited lighility company of t	henlace

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 fegistered agent.

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(Registered agent's signature)

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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:	<u>Title or Capacity:</u>	<u>Name and Address:</u>
⊠Manager	Name: Stephen W. Holden	🗙 Manager	Name: Stephen R. Holden
Member	Address: 718 W Bus Hwy 60	Member	Address: 718 W Bus Hwy 60
Authorized	Dexter, MO 63841	Authorized	Dexter, MO 63841
Person		Person	
Other	Other	Other	Other
Manager	Name: Steven M. Caton	Manager	Name:
Member	Address: 718 W Bus Hwy 60	Member	Address:
Authorized	Dexter, MO 63841	Authorized	
Person		Person	
_]Other	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

Stephen W. Holden

Typed or printed name of signee



# John R. Ashcroft Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

### SARC FL - Cape Coral, LLC LC014362440

was created under the laws of this State on the 10th day of March, 2022, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of March, 2022.

ecretary



