Florida Department of State Division of Corporation Division of Corporation Department of State Division of Corporation

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.

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| | Division of Corporations Fax Number : (850)617-6 | £ 202 | · • |
| | rax Number : (650)617-6 | 0303 | , P |
| From: | Account Name : REGISTERED Account Number : I200900000 Phone : (307)200-2 | 081 2803 | 2: 05 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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

| | TION 695.0902, FLORIDA STATU ISINESS IN THE STATE OF FLOR | | NG IS SUBMITTED TO REGISTER A F | OREIGN LIMITED LIA | BILITY |
|--|--|---|--|------------------------------|------------|
| Think Straig | | пэл. | | | |
| | Limited Liability Company; must inc | lude "Limited Liability | y Company," "L.L.C.," or "LLC.") | ·- | |
| Think Straig | hter LLC | | | | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting | business in Florida. The al | ternate name must include "Limited Liability Cos | npany," "L.L.C," or "LL.C,") | |
| Delaware | | 3. | 88-1745271 | | |
| (Jurisdiction under the law of which foreign limited hability company is | | | | dicable) | |
| | | | | | |
| 4 | (Date first transacted business in Flo (See sections 605,0904 & 605,0905) | rida, il prior to registration E.S. to determine penalty | i.) Jability | | |
| . 7901 4th S | | , | | | |
| 5. (Street Address of F | | 6. | 7901 4th St N | | |
| STE 300 | | | STE 300 | 2022 APR | _ |
| 31L 300 | | | <u> </u> | | • |
| St. Petersburg FL 33702 | | | St. Petersburg Fl | L 33702F | · |
| | | | | PH | |
| 7. Name and street address | ss of Florida registered agent: | (P.O. Box <u>NOT</u> : | acceptable) | 2: 05 | <i>a •</i> |
| Name: | Registered A | <u> g</u> ents In | <u>C.</u> | | |
| Office Address: | 7901 4th St N | N STE 30 | 00_ | | |
| | St. Petersbu | rg | , Florida 33702 | | |
| | ((| ity) | (Zip code) | | |
| Registered agent's accep | tance: | | | | à |

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.

Bell Have
(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: Andrew Sheldon Name: Tony Emerson Manager Manager 7901 4th St N STE 300 1001 South Rome Ave, Apt 9 Address: Member | |X| Member Tampa, FL 33606 St. Petersburg, FL 33702 Authorized Authorized Person Person Other_ Other_ Other_ Other_ Name: Name: Manager Manager Address: Member Member ☐ Authorized Authorized Person Person Other_ Other_ Other Other__ Manager | ■ Manager ☐Member Address: Member Authorized Authorized Person Person 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. Riley Park

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 "THINK STRAIGHTER 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 THIRTEENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THINK STRAIGHTER LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2022.

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

Authentication: 203172577

Date: 04-13-22

6724867 8300 SR# 20221441585 You may verify this certificate online at corp.delaware.gov/authver.shtml