

M220000 05847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

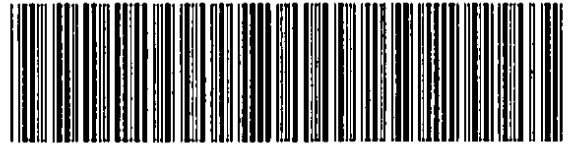
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700382736977

03/30/22--01011--012 **135.00

2022 MAR 30 PM 7:29

511077

S. FRANKLIN

APR 15 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: URBANEX TAMPA BAY, LLC
Name of Limited Liability Company

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:

Shayn Fernandez
Name of Person

Junto Law PLLC
Firm/Company

134 N Market St., No 4095
Address

Chattanooga, TN 37405
City/State and Zip Code

shayn@juntolaw.com; pranish.tamang@urbanexpro.com; kellen.maxwell@urbanexpro.com
E-mail address: (to be used for future annual report notification)

2022 MAR 30 PM 7:29

For further information concerning this matter, please call:

Shayn Fernandez at 757 630-9317
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. URBANEX TAMPA BAY, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

WOLF SERVICES TAMPA BAY, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-3802709

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3104 Cherry Palm Dr., Suite 240

(Street Address of Principal Office)

Tampa Bay, FL 33619

6. 230 Great Circle Rd., Suite 210

(Mailing Address)

Nashville, TN 37228

2022 MAR 30 PM 7:29

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

Name: Kevin Sukovich

Office Address: 505 Kestrel Dr.

Groverland, Florida 34736
(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.

Kevin Sukovich

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Andy Wolfertz</u>	<input type="checkbox"/> Manager	Name: <u>Ethan Green</u>
<input checked="" type="checkbox"/> Member	Address: <u>230 Great Circle Rd., Suite 210</u>	<input checked="" type="checkbox"/> Member	Address: <u>230 Great Circle Rd., Suite 210</u>
<input type="checkbox"/> Authorized Person	<u>Nashville TN 37228</u>	<input type="checkbox"/> Authorized Person	<u>Nashville TN 37228</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jessica Aguanno</u>	<input type="checkbox"/> Manager	Name: <u>Camrynn Patterson</u>
<input checked="" type="checkbox"/> Member	Address: <u>230 Great Circle Rd., Suite 210</u>	<input checked="" type="checkbox"/> Member	Address: <u>230 Great Circle Rd., Suite 210</u>
<input type="checkbox"/> Authorized Person	<u>Nashville TN 37228</u>	<input type="checkbox"/> Authorized Person	<u>Nashville TN 37228</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2022 MAR 30 PM 7:29

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.



Signature of an authorized person

Shayn Fernandez

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "URBANEX TAMPA BAY, 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 TENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "URBANEX TAMPA BAY, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2021.

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

2022 MAR 30 PM 7:29




Jeffrey W. Bullock, Secretary of State

5912901 8300

SR# 20220932644

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

Authentication: 202879565

Date: 03-10-22