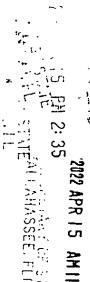
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. HAWKES



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 April 15, 2022 Date:__ James Brodbeck Name:_ 1649394 Reference #:____ **OLD JENNINGS OWNER, LLC** Entity Name: Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement] Conversion Merger Dissolution/Withdrawal Fictitous Name Other Authorized Amount:

Signature:

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

Old Jennings Owner, LLC

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

(If name unavailable, error alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. Delaware

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

4. (Date first transacted business in Florids, if prior to registration.)

	elaware	3.				
(Jurisdiction under the law of which fureign limited liability company is organized)		· -		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty lial	bility)			
360 Central Avenue, Suite 1130		6.	360 Central Avenue, Suite 1130			
(Street Address of Principal Office)		o	(Mailing Address)			
St. Petersburg, FL 33701			St. Petersburg, FL33701			
ame and <u>street address</u> (of Florida registered agent: (P.O. Box	NOT acc	ceptable)			
Name:	COGENCY GLOBAL I	NC.				
Office Address: _	115 North Calhoun St. S	uite 4		:. ::0		
	Tallahassee		Florida	32301		

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.

Christia Men Asst Sacry.
(Registered agent Asignature)

8. For initinfundexing purposes, list no,nes, title or capacity and addresses of the pinnary niembers/managers or persons authorized to manage (up to six. (6) total): Name and Address: Title or Capacity: Nnmc and Address: Title or Capacity: Name: Old Jennings Holdings, LLC Manager Name: Address: 360 Central Avenue, Suite 1130 Address. _____ (X Member Member St. Petersburg, FL 33701 ☐A uthorized ☐ Authorized P Person erson 001her____ Other ____ tOther____ _İOther-----Name: ----nMånager LI Manager Address. LJ Member Address: _____ ■A uthorized 11 Authorized Person Person _Other____ _Other____ Other____ Other Name'. -----Name: ______ ! Manager Manager Address: -----I. Member Address: _____ Member **Authorized** Authonzed 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 Flonda Department of State Annual Report fonn 9. Attached Isa 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 in is organized. (If the certificate is to a foreign language, a translation of the certificate under oath of the translator must be submitted) IO. This document Is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I alnaware 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. Pamela Linden

Til≪d or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "OLD JENNINGS OWNER, 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 APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLD JENNINGS
OWNER, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2022.

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

The state of the s

Authentication: 203185416

Date: 04-14-22

6678370 8300 SR# 20221463604