

M22 0000 07817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

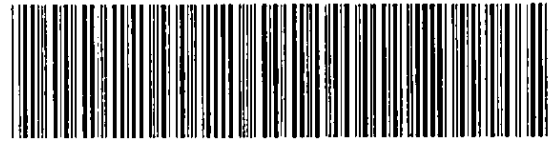
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2022 MAY 18 PM 3:39

RECEIVED  
MAY 18 PM 12  
ALACHUA COUNTY, FLORIDA

S. FRANKLIN

MAY 19 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 678631 8056865

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 16, 2022

ORDER TIME : 8:13 AM

ORDER NO. : 678631-005

CUSTOMER NO: 8056865

2022 MAY 18 PM 3:39

FOREIGN FILINGS

NAME: NARCOTE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

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. Narcote, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. TN 3. 47-4347653  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/31/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 800 Mountain View Drive  
(Street Address of Principal Office)

6. 800 Mountain View Drive  
(Mailing Address)

Piney Flats, TN 37686

Piney Flats, TN 37686

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) (Zip code)  
Florida

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.

Corporation Service Company

By Alexis Weir assistant vice president  
(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]:

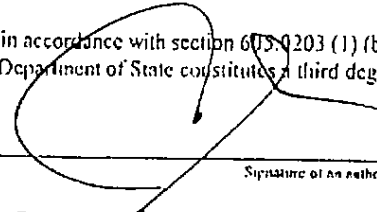
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Cary Green</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Rolf H. Rupprecht</u>
<input type="checkbox"/> Member	Address: <u>800 Mountain View Drive</u>	<input type="checkbox"/> Member	Address: <u>800 Mountain View Drive</u>
<input type="checkbox"/> Authorized	<u>Piney Flats, TN 37686</u>	<input type="checkbox"/> Authorized	<u>Piney Flats, TN 37686</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Robert Monk</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Mark Ralerman</u>
<input type="checkbox"/> Member	Address: <u>11720 Plaza America Drive</u>	<input type="checkbox"/> Member	Address: <u>11720 Plaza America Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 650</u>	<input type="checkbox"/> Authorized	<u>Suite 650</u>
Person	<u>Reston, VA 20190</u>	Person	<u>Reston, VA 20190</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Dan Higgins</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11720 Plaza America Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 650</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Reston, VA 20190</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2022 MAY 18 PM 3:39

**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  
 Cary Green  
 \_\_\_\_\_  
 Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**AMY POOLE**  
251 LITTLE FALLS DR  
WILMINGTON, DE 19808

May 17, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0476167

Issuance Date: 05/17/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 007244326 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3829436153 \$20.00

<b>Regarding:</b>	<b>Narcote, LLC</b>	
Filing Type:	Limited Liability Company - Foreign	Control #: 805195
Formation/Qualification Date:	06/29/2015	Date Formed: 06/22/2015
Status:	Active	Formation Locale: DELAWARE
Duration Term:	Perpetual	Inactive Date:

**CERTIFICATE OF AUTHORIZATION**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Narcote, LLC**

- \* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed an Application for Certificate of Withdrawal.

*Tre Hargett*

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 053756522