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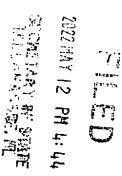
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJE	Wild Pie, ELC CT:						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company					
		mpany for Authorization to Transact Business in Florida," Certificate of beenced foreign limited liability company to transact business in Florida.					
Please re	eturn all correspondence concerning this matter to the	he following:					
	Jennifer K. Christian						
	Name of Person						
	Miller Hahn, PLLC						
		Firm/Company					
	2660 W Park Dr, Ste 2						
		Address					
	Paducah, KY 42001						
	City/State and Zip Code						
	jchristian@millerlaw-firm.com; roffino@o	socapitalmgt.com					
	E-mail address: (to be us	sed for future annual report notification)					
For furtl	her information concerning this matter, please call:						
	Jennifer K. Christian	270 554-0051					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 DEPAI \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of \$50.00 Filing Fee \$125.00 Filing Fee	& 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate					

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Wild Pie, LLC						
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabilit	y Company," "L.L.C.," or "LLC.")			
						
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	londa The	alternate name must include "Limited Liability (Company," "l.	l. (*," or "l	.I,C "}
Delaware 2.	hich foreign limited liability company is organized)	3.	(FEI number, if ap			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, il ap	plicable)		
05/17/2022						
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registratio inc penalty	n) liability)			
320 1st Street, North, S	Suite 715	_	320 1st Street, North, Suite 715			
5. 6. (Street Address of Principal Office) (Mailing Address)			(Mailing Address)			
Jacksonville Beach, FL 32250		Jacksonville Beach, FL 32250		27: 11: 2	2672	•
				- 18 6	- <	مناس مناس عادين
				L s	2	•
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT.	acceptable)	· · · · · · · · · · · · · · · · · · ·	14 th 14	
Name:	Michael A. Roffino			F	£	
Office Address:	320 1st Street, North, Suite 715					
	Jacksonville Beach		32250 , Florida			
	(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.

(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: OSO Capital Management, LLC Manager □Manager Name: ______ Address: ____ 320 1st Street, North, Suite 715 □Member ☐ Member Address: ______ Jacksonville Beach, FL 32250 □ Authorized □ Authorized Person Person □Other ___ □Other_____ Other □Other Name: Anthony Roffino □Manager □Manager Name: ____ 320 1st Street, North, Suite 715 Address: _ ☐ Member □Member Address: ______ Jacksonville Beach, FL 32250 Authorized □ Authorized Person Person □Other____ □Other____ Other____ □Other ___ □ Manager Name: _____ □Manager Address: Address: ______ □Member □Member □ 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 Michael A. Roffino

Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WILD PIE, 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 ELEVENTH DAY OF MAY, A.D. 2022.

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



Justice W Budlech, Secretary of State

Authentication: 203404266