

M22000008625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

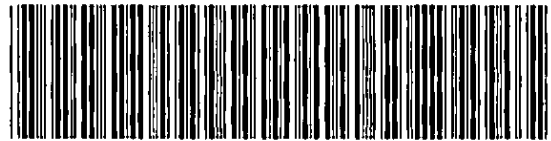
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/22--01003--029 **190.00

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2022 MAY 27 PM 2:19

DEPT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2022 JUN -2 PM 2:59

JUN - 3 2022
K. Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THEORY OF ALIGNMENT, LLC

Signature _____

Requested by: SETH

06/02

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Theory of Alignment, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

ReALIGNA, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Republic of South Africa 3. Registration number K2021696202
(Jurisdiction under the laws of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.003(2)(a) & 605.005(1)(b), FS, to determine penalty liability)

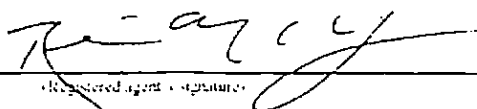
5. The Gallery, First Floor, 8 Grey St., Knysna, 6570 6. PO Box 516, Knysna, 6570
(Street address of Principal Office) (Mailing address)

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

Name: Richard J. McChesney
Office Address: 500 Fleming Street
Key West 33040
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)

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AND
FILED

2022 JUN -2 PM 2:59

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:

☒ Manager Name: Daleen Rees

☐ Member Address: PO Box 516

☐ Authorized KNYSNA, 6570

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Claire Starkey

☐ Member Address: PO Box 516

☐ Authorized KNYSNA, 6570

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Ieva Barroso

☐ Member Address: 1014 White Street

☐ Authorized Key West, FL 33040

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

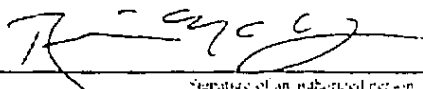
Person _____

☐ Other _____ ☐ Other _____

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.

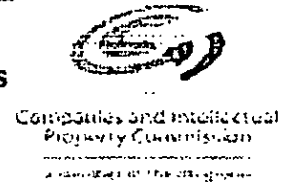


Signature of an authorized person

Richard McChesney

Typed or printed name of signer

**Certificate issued by the Companies and Intellectual Properties
Commission on Monday, June 21, 2021 03:42
Certificate of Confirmation**



Registration number 2021/696202/07
Enterprise Name THEORY OF ALIGNMENT (PTY) LTD

Active Directors / Officers

Surname and first names	Status	ID number or date of birth	Director type	Appoint-ment date	Addresses
REES, DALEEN	ACTIVE	6903220042088	Director	21/06/2021	Postal: P O BOX 607, CONSTANTIA, CAPE TOWN, 7708 Residential 11 RESTIO ROAD, THE LAKES, NOORDHOEK, CAPE TOWN, 7975
MC COLLUM, CLAIRE HOPE	ACTIVE	7704220129080	Director	21/06/2021	Postal P O BOX 516 KNYSNA, WESTERN CAPE, 6530 Residential 6 VOORTREKKER STREET, KNYSNA, WESTERN CAPE, 6570

The Companies and Intellectual Property Commission of South Africa
P.O. Box 429, Pretoria, 0001, Republic of South Africa
Docex 256, Pretoria
Contact centre 086 100 2472
www.cipc.co.za

