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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TALLAHASSEE, FLORIDA

JUN - 3 2022

K. Brumbley

APPROVED AND FILED
2022 JUN -2 PM 2:59

# 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

Name

06/02

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 605.0902, 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," "L.L.C." or "LLC.")

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," "L.L.C." or "LLC.")

2. Republic of South Africa
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. Registration number K2021696202
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0902 & 605.0905, F.S. to determine penalty liability.)

5. The Gallery, First Floor, 8 Grey St., Knysna, 6570
(Street Address of Principal Office)

6. PO Box 516, Knysna, 6570
(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, Florida 33040
(City) (Zip code)

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**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: |
|---|---|---|---|
| ☒ Manager | Name: Daleen Rees | ☒ Manager | Name: Claire Starkey |
| ☐ Member | Address: PO Box 516 | ☐ Member | Address: PO Box 516 |
| ☐ Authorized | KNYSNA, 6570 | ☐ Authorized | KNYSNA, 6570 |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☒ Manager | Name: Teva Barroso | ☐ Manager | Name: |
| ☐ Member | Address: 1014 White Street | ☐ Member | Address: |
| ☐ Authorized | Key West, FL 33040 | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ 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. 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 signee

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

Companies and Intellectual Property Commission

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 | Appointment date | Addresses |
|---|---|---|---|---|---|
| REES, DALEEN | ACTIVE | 6903220042088 | Director | 21/06/2021 | Postal: P O BOX 607, CONSTANTIA, CAPE TOWN, 7708<br>Residential: 11 RESTIO ROAD, THE LAKES, NOORDHOEK, CAPE TOWN, 7975 |
| MC COLLUM, CLAIRE HOPE | ACTIVE | 7704220125080 | Director | 21/06/2021 | Postal: P O BOX 516, KNYSNA, WESTERN CAPE, 6530<br>Residential: 6 VOORTREKKER STREET, KNYSNA, WESTERN CAPE, 6570 |