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(Re	equestor's Name)	
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		MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	1



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JUN - 3 2022 K. Brumbley



	P.O. Box	236 East 6th Avenue. Tallahassee, Florida 32303 × 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
		PICK UP: <u>6/3 LYNES</u>
	CERTIFIED COP	PY
XX	рнотосору	
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	CORDANCE OPER	ATIONS LLC
	(CORPORATE NAME AND I	
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COVER LETTER

TO: **Registration Section Division of Corporations**

Cordance Operations LLC

SUBJECT:

,

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anthony Holmes		
- <u> </u>	Name of Person	
Registered Agent Solutions, Inc.		
	Firm/Company	
5301 Southwest Pkwy., Suite 400		
	Address	
Austin, TX 78735		
*** <u>**</u>	City/State and Zip Code	
ars@rasi.com		
E-mail address: (to be used for future annual report notification)	
er information concerning this matter, pleas	e call:	
Anthony Holmes	888 705-7274 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Enclosed is a check for the following amou		
Please make check payable to: FLORIDA		
S125.00 Filing Fee S130.00 Filin	g Fee & 🔲 \$155.00 Filing Fee & 🗌 \$160.00 Filing Fee, ate of Status Certified Copy of Status & Cert	

Copy

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:

Cordance Operations LLC

f name unavailable, enter alternate :	name adopted for the purpose of transacting business in F	lorida. The alt	ernate name must include "Limited Liał	bility Company," "L.L.C." or "L
Delaware		3.	86-1902529	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	C	(FEI number	r, if applicable)
06/01/2022				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty lia	bility)	
16 W. Martin St.		1 6.	6 W. Martin St.	
ret Address of Principal Office)	0 1	o	(Mailing Address)	
Raleigh, NC 27601		R	aleigh, NC 27601	
		_		<u> </u>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)	2022
Name:	Registered Agent Solutions. Inc.			
Office Address:	155 Office Plaza Dr., Suite A			PH L
	Tallahassee		32301 , Florida	101
	(Cuy)		(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.

Hockenzie Mackenzie Hart, Asst. Secretary (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	John Bennett	□Manager	Name:
□Member	Address:	Member	Address:
Authorized	Raleigh, NC 27601	Authorized	Raleigh, NC 27601
Person		Person	
Other CEO	Other	Controller	0ther
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		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 Spate constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Kevin J Swindell, Controller

Typed or printed name of signce



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORDANCE OPERATIONS 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 THIRD DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORDANCE OPERATIONS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2021.

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



Authentication: 203588175 Date: 06-03-22

Page 1

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. . .

SR# 20222611590 You may verify this certificate online at corp.delaware.gov/authver.shtml