Division of Corporations

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(((H220002176593)))



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To:

Division of Corporations

Fax Mumber : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Phone : (954)208-0845
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## Foreign Limited Liability Company First Age, LLC

Certificate of Status	Û
Certified Copy	1
Page Count	04
Estimated Charge	\$155,00

Electronic Filing Menu Corporate Filing Menu

Help

S. ROBERTS JUN 2 4 2022

From: Kaity Toon

Page: 3 of 5

First Age, LLC						
(Name of Foreign	Finated Liability Company: must include "Limited"	Liability Company "T. L.C	." nr "[[.C"]			
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Delaware						
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7 - Nf	CELL TO THE	VOT opposible)		حر: ما: ما:	24	
7. Name and <u>street addres</u>	ss of Florida registered agent. (P.O. Box.)	<u>XOT</u> acceptable)			<b>339</b>	
	200 C			, [	<b>R</b>	مردور . الحديد
Name.	CT Corporation System			·	: 0	
	1200 South Pine Island Road			٠	9	
Office Address	1200 13300 13100 13100 13000					
	Plantation		33324			
	(Cay)	Florida	t	<del></del>		
Registered agent's accep Having been named as re	stance: gistered agent and to accept service of pr	ocess for the above si	tated limited li	ability con	many a	it the plac
desionated in this applica	ttion. I hereby accept the appointment as	registered agent and	agree to act in ance of my di	this capa	city. If	urther ag

(Registered agent's signature)

From: Kaity Toon

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 (5) total]

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
□Managei	Name: John Hertel	□ Manager	Name	
⊒Member	Address:	□ Meniber	Address	
■Authorized	650 Trade Centre Way, Ste. 200	□ Authorized		
Person	Kalamazoo, ME 49002	Person		
		Other	<u></u>	Other
≟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		
□()ther	_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 translation 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 \$ 817,155, F.S.

John Hertel		
	Segnature of an authorized person	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FIRST AGE, 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 TWENTY-THIRD DAY OF JUNE, A.D. 2022.

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

at corp.delaware.gov/auth

Authentication: 203750133

Date: 06-23-22