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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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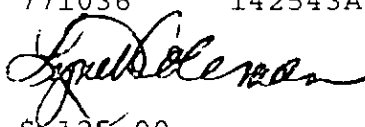
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K. SALY  
JUN 28 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 771036 142543A  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

-----  
ORDER DATE : June 24, 2022  
ORDER TIME : 4:45 PM  
ORDER NO. : 771036-010  
CUSTOMER NO: 142543A  
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FOREIGN FILINGS

NAME: IDII SARASOTA MANAGEMENT FL,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

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. IDII Sarasota Management FL, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 2100 Third Avenue North, Suite 600  
(Street Address of Principal Office)

6. 2100 Third Avenue North, Suite 600  
(Mailing Address)

Birmingham, Alabama 35203 Birmingham, Alabama 35203

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

Alexxis Weibnd, assistant vice president  
(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]:

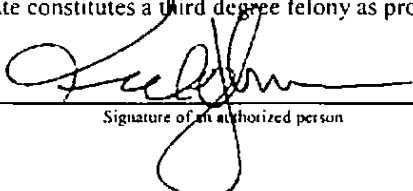
| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       |
|--|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Manager               | Name: Trent Johnson            | <input type="checkbox"/> Manager               | Name: Brian Landrum            |
| <input type="checkbox"/> Member                | Address: 100 Crescent Court    | <input type="checkbox"/> Member                | Address: 100 Crescent Court    |
| <input checked="" type="checkbox"/> Authorized | Suite 450                      | <input checked="" type="checkbox"/> Authorized | Suite 450                      |
| Person   | Dallas, Texas 75201            | Person   | Dallas, Texas 75201            |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                          |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                       |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                |
| Person   |                                | Person   |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                          |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                       |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                |
| Person   |                                | Person   |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                          |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                       |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                |
| Person   |                                | Person   |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |

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**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  
Trent Johnson  
\_\_\_\_\_  
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 "IDII SARASOTA MANAGEMENT FL, 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-FOURTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDII SARASOTA MANAGEMENT FL, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2022.

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

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TALLAHASSEE, FLORIDA

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SR# 20222822720

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203763922

Date: 06-24-22