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Account#: I20000000088

Date: 07	7/08/2022	
Name:	Merritt Walker	
Reference #:	1735745	
Entity Name:		720 CLR, LLC
✓ Articles of	of Incorporation/Authori	zation to Transact Business
Amendm	ent	
☐ Change	of Agent	
Reinstate	ement	
Conversi	on	
Merger		
Dissoluti	on/Withdrawal	
☐ Fictitious	Name	
Other		
Authorized Amo	ount: \$125	
Signature:	w	

F: 800.944.6607

COVER LETTER

TO:		ation Section n of Corporation	s					
SUBJEC		0 CLR. LLC						
0000	· • ·	Name of Limited Liability Company						
						et Business in Florida," Certificate on Supany to transact business in Florid		
P leas e re	eturn all	correspondence c	oncerning this matter to the follo	owing:				
		NICK MARSIC	CO					
			Name	of Person				
		ниск воим	A PC					
			Firm/0	Company				
		1755 S NAPER	VILLE RD STE 200					
			Ac	ldress				
		WHEATON, IL	. 60189					
			City/State	and Zip Code	:			
		nmarsico@huckb	ouma.com					
			E-mail address: (to be used for	future annua	l report notifica	tion)		
For furth	ner infor	mation concerning	g this matter, please call:					
	Kati M	etzler	at	630	344-1159			
		Name of	f Contact Person	Area Code	Daytime	Telephone Number		
	Division Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executive Tallahassee, F	orporations lection ng ve Center Circle		
			e following amount: le to: FLORIDA DEPARTME	NT OF STA	TE			
	= \$13	25.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ied Copy	\$160.00 Filing Fee, Certification of Status & Certified 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 720 CLR, LLC (Name of Foreign	Limited Liability Company, must include "Limited Lia	bility Company," "L.L.C.," or "LLC."		-
DELAWARE	name adopted for the purpose of transacting business in Florida.			Ţ;
Artisdiction under the Free of w	hich becaps timical hability company is organized)	3. (FFT number, i	Capphenble)	_
i	(Date first transacted besiness of Electia, if piter to region (See sections 605 (2014 & 605) (2015, F.S. to determine par	The co		
	(See sections 605 (2014 & 605 (2015, F.S. to determine par	nalty liability)		
6703 14TH STREET WEST		6703 IJTH STREET WEST		
(Street Address of)	Principal Office	G. (Ninhrg Address)		-
UNIT 214		UNIT 214	2022 SEC TALL	
BRADENTON, FL 34	207	BRADENTON, FL 34207	JUL -	
. Name and street addres	is of Florida registered agent: (P.O. Box <u>NC</u>	T_acceptable)	8 AMI	
Name:	COGENCY GLOBAL INC.	<u></u>	MH: 53	
Office Address:	115 NORTH CALHOUN STREET, STE.			
	TALLAHASSEE	32301 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.

4 Registered areal 5 signatures

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: Name: ALEXANDER HARALAMPOPOULOS Manager ☐ Manager Name: _____ 6703 14TH STREET WEST ☐ Member Member Address: **UNIT 214** Authorized Authorized BRADENTON, FL 34207 Person Person Other___ Other____ Other_ Other____ Name: Manager | Name: _____ Member Address: Member Address: **Authorized** Authorized Person Person Other___ Other Other Other Manager Name: _____ Name: Manager ☐ 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. Nonindexed 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. Pleas week Hillycheest into the Signature of an authorized person ALEXANDER HARALAMPOPOULOS, MANAGER

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "720 CLR, 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 FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "720 CLR, LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2022.

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

Ango Carlo

Authentication: 203838770

Date: 07-05-22