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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 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: _____

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 JUL 26 AM 10:26

APPROVED
 AND
 FILED

**Foreign Limited Liability Company
 TrustedSite, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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 ORIGINAL FILING
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 DATE OF
 7/26/2022

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Corporate Filing Menu

Help

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. TrustedSite, 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. _____
(FBI 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. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

929 Alton Road, Suite 500

929 Alton Road, Suite 500

Miami Beach, FL 33139

Miami Beach, FL 33139

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2022 JUL 26 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FL 0947

APPROVED
AND
FILED

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.

By: C T Corporation System
(Registered agent's signature) Meredith Hellwig Meredith Hellwig, Assistant Sec.

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: <u>Ben Tyler</u>	<input type="checkbox"/> Manager	Name: <u>William Kerrigan</u>
<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Road, Suite 500</u>	<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Road, Suite 500</u>
<input type="checkbox"/> Authorized	<u>Miami Beach, FL 33139</u>	<input type="checkbox"/> Authorized	<u>Miami Beach, FL 33139</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>WS Investment Company, LLC (2013A)</u>	<input type="checkbox"/> Manager	Name: <u>Todd Gebhart</u>
<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Road, Suite 500</u>	<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Road, Suite 500</u>
<input type="checkbox"/> Authorized	<u>Miami Beach, FL 33139</u>	<input type="checkbox"/> Authorized	<u>Miami Beach, FL 33139</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Timothy G. Dowling and Lisa S. Dowling, Trustees of the Timothy and Lisa Dowling Living Trust dated August 8, 2002, as Amended and Restated</u>	<input type="checkbox"/> Manager	Name: <u>James H. Geers, Jr. and Vicki Lynn Geers, Trustees of the Geers Family Revocable Trust dated January 5, 1996, as amended and restated</u>
<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Road, Suite 500</u>	<input checked="" type="checkbox"/> Member	Address: <u>929 Alton Road, Suite 500</u>
<input type="checkbox"/> Authorized	<u>Miami Beach, FL 33139</u>	<input type="checkbox"/> Authorized	<u>Miami Beach, FL 33139</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Tim Dowling

Signature of an authorized person

Tim Dowling

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 "TRUSTEDSITE, 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 NINETEENTH DAY OF JULY, A.D. 2022.

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



5291601 8300

SR# 20223026542

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203951497

Date: 07-19-22



Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: TrustedSite LLC, a limited liability company incorporated in the state of Florida
Document No. L22000163627 (the "Domestic Entity")

Dear Sir or Madam,

Please be advised that the Domestic Entity listed above hereby releases the use of its name in the state of Florida to TrustedSite LLC, a limited liability company incorporated in the state of Delaware, Document No. W22000098206 (the "Foreign Entity"), effective immediately.

This release is being submitted in connection with the dissolution of the Domestic Entity in Florida and the qualification of the Foreign Entity in Florida.

TRUSTEDSITE LLC, a Florida limited liability company

DocuSigned by:
By: Lisa Dowling
5B70A7A81B19469

Name: Lisa Dowling

Title: Interim CO-CEO