8/11/22,3:40 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000272128 3)))



H220002721283ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 ; (561)508-5033 Phone

: (561)694-1639 Fax Number

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 Addison Whitney LLC

11
0
04
\$130.00

2322 At

50

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG 1 2 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Addison \ (Name of Foreign Lie	Whitney LLC mited Liability Company; must include "Limited Liability Company; must include "Limited	Hability Company, "L.1	.C.," or "LLC.")		
ne unavailable, enter alternate nan	ne adopted for the purpose of transacting business in Fi	orida. The alternate name must	Include "Limited Clability	Company," "L.L.C," or "LLC	Ξ.")
North Carolina Jurisdiction under the law of white	th foreign limited liability company is organized)	3	(FEI number, if a	ipplicable)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 603.0905, P.S. to determ	registration) ine ponalty liability)		-	
Address of Princips) Office)		6. (Meiliag A	idress)		
11525 North Commun	ity House Road, Suite 400	11525 Nort	a Community Hous	se Road Suite 400	
Charlotte NC	28277	Charlotte	, AC	28277 R	
Name and <u>street address</u>	of Florida registered agent: (P.O. Bo	x <u>NOT</u> scceptable)		DZZ AUG 11	; -
Name:	United Agent Group Inc.				on h:
Office Address:	801 US Highway 1			0310	: _ cr
	North Palm Beach (City)	, Flor	ida <u>33408</u> (Zip code)	_	-
ignated in this applicat comply with the provisi	cance: gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prope of my postrion as registered agent.		rmance of my duti		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: _____ □Manager Name: Syneos Health US, Inc. Manager Address: _____ Address: 11525 North Community House Road, Suite 400 Member XI Member □ Authorized Charlotte NC 29277 □ Authorized Рствоп Person Other Other_ □ Other _ _ ____ Other____ Name: □Manager Name: _____ ☐ Manager □Member Address: _____ Member □ Authorized Authorized Person Person Other_ □ Other ____ Other____ □ Other Name: ____ Name: ______ ☐ Manager 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.

Signature of an authorized person

Carol Pettine, Attorney-in-Fact
Typod or printed name of signee



NORTH CAROLINA Department of the Secretary of State

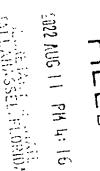
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ADDISON WHITNEY LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 18th day of May, 2007

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.







Scan to verify online.

Certification# 114092972-1 Reference# 18959727- Page: 1 of 1 Verify this certificate online at https://www.sosuc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of August, 2022.

Secretary of State

6 laine I Marshall