8/22/22, 3:11 PM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (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.\*\*

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## Foreign Limited Liability Company J.C. Flowers & Co., LLC

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S. ROBERTS

AUG 2 2 2022

From: Lexus Wingo

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

2022-08-22 13:14:22 CST

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

finame unavailable, enter alternate r	raine adopted for the purpose of fransacting business in Fl	ovida Peal	ternate name must metude "Limited Fishili	ty Company, "M. I. C. (in M.) C		
Delawate		3.				
(furrediction under the law of which foreign limited liability company is occanized)			(2 lil number, if applicable)			
12/7/2021						
	(Date first transacted lateness in Donda, if provite 1See sections 605 0004 & 605 0005, F.S. to determ	ingistration ; ine penalsy h	ability)	<del></del>		
J.C. Flowers & Co., Ll	-C		.C. Flewers & Co., LLC			
Sheet Address of Principal Office)		6 _	(Mailing Adultion)			
767 Fifth Ave, 23rd Fl		7	67 Fifth Ave. 23rd Fl	<b>24</b> 22		
New York, NY 10153		- 1	New York, NY 10153	2122 AUG 22		
Name and street address	ss of Florida registered agent (1P.O. Box	: <u>NOT</u> ac	cceptable)	/ <del>-</del>		
Name.	C T Corporation System		<u>.</u>	8: <b>4</b> 3		
Office Address:	1200 South Pine Island Road		<del></del>			
	Plantation		33324 , Florida			

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.

Ву:	CT Corporation System Sandra Zwijack, Asst. Manager	Loudia	mal	
(Registered agent's signature)				

From: Lexus Wingo

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managets or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
∃Manager	Name: 1 Christopher Flowers	☐ Manager	Name: Saffy Rocker
⊡Member	Address: c/o.J.C. Flowers & Co., LLC	□Member	Address c/o J C Flowers & Co , LLC
□Authorized	2875 South Ocean Blvd	X Amhorized	767 Fifth Ave, 23rd Floor
Person	Palm Beach, FL 33480	Person	New York, NY 10153
□Other		[] Other	
□Manager	Todd Freebein Name:	□ Manager	Name:
□Member	Address: c/o J.C. Flowers & Co., LLC	Member	Address: c/o J.C. Flowers & Co., LLC
⊴Authorized	2875 South Ocean Blvd	Nauthorized	767 Fifth Ave, 23rd Floor
Person	Palm Beach, FI 33480	Person	New York, NY 10153
□Other		_ Cuther	
□Manager	Name:	I Manager	Name <sup>*</sup>
⊡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. Non-indexed individuals may be added to the index when filling 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 to 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 fellowy as provided for in s.817,155, F.S.

8		
	Signature of an authorized person	
Sally Rocker		
	Typed or pointed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "J.C. FLOWERS & CO. 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 EIGHTEENTH DAY OF AUGUST, A.D. 2022.

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

at corp.delaware.gov/auth

Authentication: 204197412

Date: 08-18-22