| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section

Division of Corporations

TO:

| SUBJECT: | SeedPod Cyber LLC Name of Lin | nited Liability C | Company | _ | | |
|-------------------------------------|--|-------------------------------------|---|------------------------|------------------------|----------|
| The enclosed "/ Existence, and c | pplication by Foreign Limited Liability Compan heck are submitted to register the above referenc | y for Authoriza ed foreign limit | tion to Transact Business in Florida ed liability company to transact bus | ı," Certi siness in | ficate o: i Florida | ſ` a. |
| Please return all | correspondence concerning this matter to the fol | lowing: | | | | |
| | Alison Klein | | | v | | |
| Name of Person | | | | | | |
| | Insurance Compliance Center, LLC | | J | | | |
| Firm/Company | | | | | | |
| 1 Diamond Causeway, Suite 21265 | | | | | | • |
| Address | | | | | | |
| Savannah, GA 31406 | | | | | | |
| City/State and Zip Code | | | | | | (|
| | alison@inscomply.com E-mail address: (to be used for | or futuro annual | report untilication) | | &Н II: 39 | |
| For further info | mation concerning this matter, please call: | – | report notifications | | | |
| TOT TURBLE ISSUED | mation concerning this matter, please cuit. | | | | | |
| Aliso | | at (912 |) 353-7013 | _ | | |
| | Name of Contact Person | Area Code | Daytime Telephone Number | | | |
| Divisio Regist P.O. B | ING ADDRESS: in of Corporations ation Section ox 6327 assee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |
| Please | ed is a check for the following amount: make check payable to: FLORIDA DEPARTM 25.00 Filing Fee \$\square \text{\$\square\$}\$\$ \$130.00 Filing Fee & Certificate of Status | \$155.00 | Filing Fee & S160.00 Filing ed Copy of Status & C | | | ate |

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

INCOMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES. THE FOLLOWING ISSUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA:

| 1. SeedPod Cyber LLC (Name of Foreign Lir | C nited Liability Company; must include "Limited | d Liability Company," "L.L.C.," | or "ELC") | | | |
|--|--|---|---|-------------------------|------|--|
| - | , , , | , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| (If name unavailable, enter alternate name | adopted for the purpose of transacting business in Flori | ida. The alternate name must include | "Limited Liability Compan | y," "L.L.C," or "LLC.") | | |
| 2. Delaware (Jurisdiction under the law of which | foreign limited liability company is organized) | d) (FEI number, if applicable) | | | | |
| 4 | (Date first transacted business in Florida, if prior to | registration) | | | | |
| 5. 1617 John F. Kenn (Street Address of Princ | | 6. 1617 John F | . Kennedy Blv (Mailing Address) | d | | |
| Suite 2006 | | Suite 206 | 2022 35. | | | |
| Philadelphia, PA 19 | 9106 | <u>Philadelphia</u> , | SEP 19 | | | |
| 7. Name and street address of | of Florida registered agent: (P.O. Box | NOT acceptable) | | AM II: 39 | | |
| Name: | COGENCY GLOBAL I | INC. | | 33 33 | | |
| Office Address: _ | 115 North Calhoun St. S | uite 4 | | | | |
| - | Tallahassee | , Florida _ | 32301 (Zin code) | | | |
| designated in this applicatio to comply with the provision | • | s registered agent and ag | ed limited liability ree to act in this co | apacity. I further a | gree | |
| _ | IRegistered agent's | avoll signature) | | | | |
| | Sheila Carroll, Assistant | Secretary | | | | |

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: Douglas Kreitzberg Manager Manager Address: 1617 John F. Kennedy Blvd Member Member Address: ______ **Suite 2006** Authorized Authorized Philadelphia, PA 19106 Person Person Other_ Other Other_ Other____ Manager Manager Manager Name: _____ ☐Member Address: _____ Member Address: Authorized Authorized Person Person Other_ \square Other Other Manager Name: Manager []Member Address: [_] Member 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 Depayment of State constitutes a third degree felony as provided for in s.817.155, F.S. Douglas Kreitzberg

Typed or printed name of signed



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

DELAWARE, DO HEREBY CERTIFY "SEEDPOD CYBER 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-FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEEDPOD CYBER LLC" WAS FORMED ON THE SEVENTH DAY OF APRIL, A.D. 2021.

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

5820018 8300 SR# 20223059529

Authentication: 203994531

Date: 07-25-22



August 26, 2022

ALISON KLEIN INSURANCE COMPLIANCE CENTER, LLC 1 DIAMOND CAUSEWAY, SUTIE 21265 SAVANNAH, GA 31406

SUBJECT: SEEDPOD CYBER LLC Ref. Number: W22000109999

We have received your document for SEEDPOD CYBER LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The State on Line Item number 2 says Pennsylvania. However, the Certificate of Good Standing is from Delaware.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 222A00019074

Mel Solomon Senior Section Administrator

www.sunbiz.org