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Account#: 120000000088

Date:	09/21/2022	
Name:	Greg Pintacuda	_
Reference	#:1787751	
	e:ELW	OOD AGENTS LLC
	cles of Incorporation/Authori	
☐ Ame	endment	
☐ Cha	nge of Agent	
Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
Ficti	tious Name	
☐ Othe	er	
Authorized Signature:	Amount: \$125	······································

Registration Section

TO:

COVER LETTER

Divisi	on of Corporations
SUBJECT: _	Elwood Agents LLC
	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return a	l correspondence concerning this matter to the following:
	Terry Ward
	Name of Person
	Calumet Capital
	Firm/Company
	801 Brickell Avenue, Suite 2470
	Address
	Miami, FL 33131
	City/State and Zip Code
	terry@calumetcapital.com E-mail address: (to be used for future annual report notification)
For further into	mation concerning this matter, please call:
rot turmer into	manon concerning this matter, piease can:
	Terry Ward 708 935-3851
	Name of Contact Person Area Code Daytime Telephone Number
Division Regist P.O. B	ING ADDRESS: on of Corporations pation Section ox 6327 passee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE
	25.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN AMITTED LABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.		Elwo	od Agents LLC					
	(Name of Foreign Lin	nited Liability Company, must inclu	ide "Limited Liability Com	pany," "L.1, C.,"	or "LLC,")			_
lf n.m	e unavailable, enter alternate name	adopted for the purpose of transacting bu	isiness in Florida. The alternate	name mast include	: "Limited Liability C	ompany," "L I	, C," or "l	
2.		elaware	2		88-2439866 (FEI number, (Fapplicable)			
·· <u></u>	Jurisdiction under the law of which	foreign limited hability company is organ	uzed)		(FEI number, if a	pplicable)		
I						_		
		(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F.	la, if prior to registration) S to determine penalty liability)				
Suite 2470		cell Avenue	6.	801 5	801 S Brickell Avenue			
		upal Office)	<u> </u>		(Mailing Address)			_
		2470		Suite 2470				_
	Miami, F	L 33131		Mi	ami, FL 33	131 <u>~</u> 监	202	_
. N	ame and <u>street address</u> c	of Florida registered agent: (I	P.O. Box <u>NOT</u> accep	table)		CRETATI	¹² SEP 21	FIL
	Name: COGENCY GLOBAL INC.		DBAL INC.	_			PH 12:	.EO
	Office Address:	115 North Calhou	n St. Suite 4	_			2: 02	`
		Tallahas	see	. Florida	32301			
	_	(City))		(Zip codr)	_		

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.

/s/ Eric Hood	
(Registered agent's signature)	

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Dan Carroll	Manager	Name: William Mulvey
☐Member	Address: 801 S Brickell Avenue	☐ Member	Address: 801 S Brickell Avenu
☐Authorized	Suite 2470	∏] Authorized	Suite 2470
Person	Miami, FL 33131	Person	Miami, FL 33131
XOther_ Presid	lent [Other	⊠ Other_ Treas	Urer Other
Manager	Name:	∐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other]Other	Other	Other
_]Manager	Name:	☐ Manager	Name:
]Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	s executed in accordance with section 605.02 nent to the Department of State constitutes a t	Florida Department of State I, duly authenticated by the ate is in a foreign language O3 (1) (b), Florida Statutes, hird degree felony as provi	Annual Report form. official having custody of records in the a translation of the certificate under oa I am aware that any false information

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 "ELWOOD AGENTS 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 SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELWOOD AGENTS LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2022.

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

Authentication: 204423002

Date: 09-19-22