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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: aschlesinger@copperlinepartners.com

Foreign Limited Liability Company CLP-MK2, LLC

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

2. Delaware (Ontsidiction under the law of which foreign limited hisbility company (vorganized) 4. Upon qualification (Date first transacted bestites in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 1801 S. Australian Ave. 5. (Maring Address) West Palm Beach, FL 33409 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date linst transacted business in Florida, if prior to registration) (Date linst transacted business in Florida, if prior to registration) (See sections 609.0904 & 609.0905, f. S. to determine penalty liability) (C. SAME (Maning Address) (Same of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street	Delaware Onusitenen under the law of which foreign immed including company is organized? (Date first transacted Nestness to Honds, if prior to registration) (See sections 605,0904 & 605,0905, E.S. to deteraine penalty hability) 1801 S. Australian Ave. (extraction and street address of Florida registered agent: (P.O. Box NOT acceptable) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1201 Hays Street Tallahassee 32301 171 number, utapple able; (The number, utapple able)					
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aviotamed arrant's agreentance	ptapsa:		Office Address:	Tallahassee (Cay)			
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laving been named as registered agent and to accept service of process for the above stated limited liability company at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fit o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fam	registered agent and to accept service of process for the above stated limited trability company at the plac- ation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a sions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit	laving been named as registered agent and to accept service of process for the above stated limited trability company at the placestignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a so comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit	Office Address: legistered agent's accep laving been named as re- esignated in this applica o comply with the provisi	Tallahassee (City) tance: gistered agent and to accept service of tion, I hereby accept the appointment of the prope.	process for the above states	d limited liability c ee to act in this ca	Ducing I former
the second control of the second the appointment as registered open and agree it act in this topicals. The	registered agent and to accept service of process for the above stated limited trability company at the plac- cation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a sions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit as of my position as registered agent.	taving been named as registered agent and to accept service of process for the above stated limited trability company at the piace esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a 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.	Office Address: Registered agent's accep Having been named as re- lesignated in this applica o comply with the provisi	1201 Hays Street Tallahassee (Cay) tance: gistered agent and to accept service of tion, I hereby accept the appointment of the propess of my position as registered agent.	process for the above stated as registered agent and agra r and complete performanc	d limited liability c ee to act in this ca	Ducing I former

Ta: 18506176383 Page: 3 of 4 2022-10-20 16:12:56 EDT 14076508411 From: Heather Irving

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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	<u>:</u>	Name and Address:
□Manager	Name: Adam Schlesinger	□Manager	Name:	
□Member	Address:	□Member	Address:	_
■Authorized	West Palm Beach, FL 33409	□Authorized		
Person		Person		
Other	□Other	Other		□Other
☐Manager	Name:	□Manager	Same:	
□Member	Address:	⊡Member	Address:	
□Authorized		□Authorized		
Person		Person		
[]Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	No.
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	-	<u>-</u> <u></u>
Person		Person		
□Other		□Other	·1+44·77	□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.

Isl Heather Irving	
Signature of an authorized person	_
Heather Irving, Authorized Representative	
 Typed or printed range of signed	-

(((H22000360382 3)))

To: 18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CLP-MK2, 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-FIRST DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLP-MK2, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2022.

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

(((H22000360382 3)))

6939750 8300

SR# 20223577613

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

Jackson W. Bulliotet, Saccretary or State

Authentication: 204442764

Date: 09-21-22