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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| 1022-122174 |

Office Use Only



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Registration Section

TO:

| Name of Limited Liability Company | | | | |
|--|---|--|--|--|
| sed "Application by Foreign Limited Liability and check are submitted to register the above | Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business i | | | |
| urn all correspondence concerning this matter t | o the following: | | | |
| Michael Smith | | | | |
| Name of Person | | | | |
| Playcore - Tax Department | | | | |
| Firm/Company | | | | |
| 544 Chestnut Street | | | | |
| | Address | | | |
| Chattanooga, TN 37402 | | | | |
| (| City/State and Zip Code | | | |
| frogfurnishings-tax@playcore.com | | | | |
| E-mail address: (to b | e used for future annual report notification) | | | |
| r information concerning this matter, please ca | dl: | | | |
| Michael Smith | 423 265-7529 at () | | | |
| Name of Contact Person | at () Area Code Daytime Telephone Number | | | |
| Mailing Address: Registration Section | Street Address: Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | |
| 'allahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| inclosed is a check for the following amount: | | | | |

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

IN COMPHANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | iaine adopted for the purpose of transacting business in Flo | rida. The alternate name most include "Limited Liabilit | y Company," "L.L.C." or "LLC | |
|-----------------------------------|---|---|------------------------------|--|
| Delaware | | 85-4063534 3. | | |
| (Jurisdiction under the law of w | nich foreign lumited liability company is organized) | 3. (FEI number, if | applicable) | |
| 10/01/2022 | • | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin | gistration.) e penalty liability) | | |
| 15750 S. KEELER TERRACE | | 544 CHESTNUT STREET | | |
| rect Address of Principal Office) | | 6. (Mailing Address) | | |
| OLATHE, KS 66062 | | CHATTANOOGA, TN 37402 | | |
| | | | 20 | |
| Name and street address | s of Florida registered agent: (P.O. Box | NOT acceptable) | 22 OCT 3 | |
| Name: | C T Corporation System | | | |
| Office Address: | 1200 South Pine Island Road | | | |
| | Plantation | 33324 | | |
| | (Çiry) | , Florida | | |

Registered agent's acceptance:

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 Sherry McGinnes, Assistant Secretary | Sherry McGinnes | | |
|--------------------------------|--|-----------------|--|--|
| (Registered agent's signature) | | | | |

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: |
|--------------------|------------------------------|--------------------|------------------------|
| □Manager | Name:ROGER POSACKI | □Manager | Name: ROGER E. RUEGGER |
| ⊠Member | Address: 544 CHESTNUT STREET | ⊠Member | Address: |
| ■Authorized | CHATTANOOGA, TN 37402 | ■Authorized | CHATTANOOGA, TN 37402 |
| Person | | Person | |
| □Other | Other | □Other | 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 |

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.

Signature of an authorized person

RICHARD E. RUEGGER, CFO



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FROG FURNISHINGS, 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-SECOND DAY OF AUGUST, A.D. 2022.

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



Justicey W. Bulliaca, Sacretary of State

Authentication: 204216460

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