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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address: _____

Foreign Limited Liability Company
ECA CYGNUS PROVIDENCE, LLC

Note: DO NOT

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ECA CYGNUS PROVIDENCE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. (Street Address of Principal Office)

13041 W. Linebaugh Ave.

6. (Mailing Address)

Tampa, FL 33626

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

ECA CYGNUS PROVIDENCE, LLC

Name: NRAI Services, Inc.

Office Address:

1200 South Pine Island Road

DELAWARE

Plantation

Florida

33324

(City)

(Zip code)

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.

NRAI Services, Inc.

/s/ Tina Lipko, VP

13041 W. Linebaugh Ave.

(Registered agent's signature)

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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:**

☒ Manager Name: Elliot Sasson

☐ Member Address: 13041 W. Linebaugh Ave.

☐ Authorized Person Tampa, FL 33626

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Christopher Wild

☐ Member Address: 13041 W. Linebaugh Ave.

☐ Authorized Person Tampa, FL 33626

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ 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.

/s/ Elliot Sasson

Signature of an authorized person

Elliot Sasson

Typed or printed name of signer

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECA CYGNUS PROVIDENCE, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECA CYGNUS PROVIDENCE, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2015.

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

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECA CYGNUS PROVIDENCE, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2022.

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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5818554 8300

SR# 20224041977

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

Authentication: 204879967

Date: 11-17-22

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