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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866:625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I2000000088

Date: 11/17/2022
Name: Greg Pintacuda
Reference #:1836245
Entity Name: MONSIDO LLC
Articles of Incorporation/Authorization to Transact Business
Amendment
Change of Agent
Reinstatement
Merger
Dissolution/Withdrawal
Fictitious Name
✓ Other APON FILING PROVIDE CERTIFIED COPY
Authorized Amount:\$155
Signature:

©EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTER #801C712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080

# 

### **COVER LETTER**

TO: Registration Section Division of Corporations

Monsido LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted prime prime efferenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lyteut Jonderson	
 Name of Person	
CivicPlus, LLC	
 Firm/Company	
212 W. Main Street, Suite 500	
 Address	
Durham, NC 27701	
 City/State and Zip Code	
sop@cogencyglobal.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lylenhig	nderson	at ( 888	) 5	58-6032
Name of C	ontact Person	Area Code	Daytime	Telephone Number
MAILING ADDRESS:			STREET AD	DRESS:
Division of Corporations			Division of Co	promisions
Registration Section			Registration S	ection
P.O. Box 6327			Clifton Buildin	ng
Tallahassee, FL 32314			2661 Executiv	e Center Circle
-			Tallahassee, F	L 32301
Enclosed is a check for the f	ollowing amount:			
Please make check payable		IENT OF STAT	TE	
	□ \$130.00 Filing Fee &		Filing Fee &	\$160.00 Filing Fee, Certifica

Certified Copy

Certificate of Status

of Status & Certified Copy

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

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# 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:

(Name of Foreign Limi	ted Liability Company; must include '	Sido LLC	npany," "L.L.C.,"	or "LLC.")		
mavailable, enter alternate name a	dopted for the purpose of transacting busine	ss in Florida. The alternat	c name must include	"Limited Liability Co	ompany," "L.L.C.	," ອາ "ໄປ
	laware	3		(FEI comber, if sp		
liction under the law of which f	preign limited liability company is organized	1)		(FEI monber, if ap	phcable)	
	Upon Filir	-				
	(Date first transacted business in Florida, if (See soctions 605.0904 & 605.0905, F.S. to	prior to registration.) o determine penalty habilit	y)		-	
212 W. Main St	reet, Ste. 500	6.	212 W. N	Aain Street,	Ste. 500	)
(Street Address of Princip	pal Office)	·		(Mailing Address)		• •
Durham, NC 27701			Durham, NC 27701			
						2022
and street address of	Florida registered agent: (P.C	). Box <u>NOT</u> accej	otable)			1 Z AON 2202
Name:	Cogency Global	Inc.	<del></del>			AH 11: 36
Office Address:	115 North Calhoun S	it. Suite 4	_			36
	Tallahassee	9	. Florida	32301		
	(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.

(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: Phillip Devine	Manager Na	me:
Member	Address: 212 W. Main Street Ste. 500	🗍 Member 🛛 Ad	dress:
Authorized	Durham, NC 27701		
Person	<u> </u>	Person	
Other	Other	Other	Other
⊠Manager	Name:Lyle Henderson	🔲 Manager Nai	me:
Member	Address: 212 W. Main Street Ste. 500	🗋 Member 🛛 Ad	dress:
Authorized	Durham, NC 27701	□] A	
Person		Person	
Other	Other	Other	Other
Manager	Name:	🗍 Manager Nai	ne:
Member	Address:	Member Add	dress:
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.

Λ

Signature of an authorized person



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONSIDO 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 "MONSIDO LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2022.

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

Authentication: 204884124