

W22000017677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

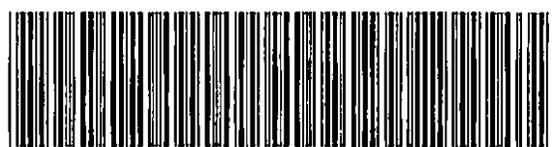
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S. FRANKLIN

NOV 29 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Disciplina Group, LLC  
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 to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Matthew Wright  
Name of Person  
Disciplina Group, LLC  
Firm/Company  
1033 Demonbreun Street, Ste 300  
Address  
Nashville, TN 37203  
City/State and Zip Code  
mww@disciplina.com  
E-mail address: (to be used for future annual report notification)

03/23 PM 5:15

For further information concerning this matter, please call:

Matthew Wright at (615) 490-6002  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Disciplina Capital Management, LLC

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

Tennessee

46-1841109

(If the foreign limited liability company is organized under the laws of a foreign jurisdiction, enter the jurisdiction)

(EIT number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration (see sections 605.004 & 605.005, F.S., to determine penalty liability))

1033 Demonbreun Street, Ste 300

1033 Demonbreun Street, Ste 300

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Nashville, TN 37203

Nashville, TN 37203

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
20 11 3 19

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.

By: Stephanie Schipper Asst Vice President  
(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:**  Manager  Member  Authorized Person  Other \_\_\_\_\_

**Name and Address:**  
 Name: Matthew Wright  
 Address: 3316 Skyline Drive  
Nashville, TN 37215

**Title or Capacity:**  Manager  Member  Authorized Person  Other \_\_\_\_\_

**Name and Address:**  
 Name: Brant Smith  
 Address: 218 Lauderdale Rd.  
Nashville, TN 37205

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: Alena Thangaraj  
 Address: 37 W Ridge Drive  
Sharon, MA 02067

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: Brian Arsenault  
 Address: 1 Indian Spring Rd.  
Rowayton, CT 06853

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

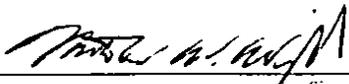
Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**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

Matthew Wright  
 \_\_\_\_\_  
 Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**KRAFTCPAS, PLLC**  
JESSICA CROUCH  
555 GREAT CIRCLE ROAD  
NASHVILLE, TN 37228

September 27, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0496410

Issuance Date: 09/27/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 007521194 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3836761665 \$20.00

**Regarding: Disciplina Group, LLC**  
Filing Type: Limited Liability Company - Foreign Control #: 715996  
Formation/Qualification Date: 04/12/2013 Date Formed: 01/15/2013  
Status: Active Formation Locale: DELAWARE  
Duration Term: Perpetual Inactive Date:

**CERTIFICATE OF AUTHORIZATION**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Disciplina Group, LLC**

- \* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed an Application for Certificate of Withdrawal.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 056285525



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2022

MATTHEW WRIGHT  
1033 DEMONBREUN STREET STE 300  
NASHVILLE, TN 37203 US

SUBJECT: DISCIPLINA CAPITAL MANAGEMENT, LLC  
Ref. Number: W22000136568

We have received your document for DISCIPLINA CAPITAL MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 722A00024297

*Sharon D Franklin*

RECEIVED  
NOV 28 2022