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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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

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Foreign Limited Liability Company COLLECTIVE FORM TECHNOLOGIES, LLC

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		COVER LETTER	H23000004422
	stration Section sion of Corporations		
	Collective Form Technologies, LLC		
SCB#FCT: _	Name	e of Limited Liability Company	
		Company for Authorization to Transact Business in Flor referenced foreign limited liability company to transact	
Please return a	all correspondence concerning this matter to	the following:	
	Maseo Brown		7693
		Name of Person	
	c/o Haynes and Boone, LLP		<u>-</u>
		Firm/Company	
	1221 McKinney Street, Suite 4000		
	· · · · · · · · · · · · · · · · · · ·	Address	— ?;
	Houston, Texas 77010		
	C	ity/State and Zip Code	
	ryan@collectiveform.io		
	E-mail address: (to be	used for future annual report notification)	
For further inf	formation concerning this matter, please cal	i:	
Ryar	n Neil	813 997-5041	
	Name of Contact Person	at () Area Code Daytime Telephone Numb	er
	ing Address: istration Section	Street Address: Registration Section	
	ision of Corporations	Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Talla	ahassee, FL 32314	2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303	
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee	& 🛢 \$155.00 Filing Fee & 🔲 \$160.00 Filing	Fee, Certificate Certified Copy

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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; Collective Form Technologies, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.U.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,") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 6/15.0904 & 605.0905, F.S. to determine penalty liability) 2260 5th Ave South (Mailing Address) (Street Address of Principal Office) St Petersburg, Florida 33712 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue, 2nd Floor Office Address: Tallahassee , Florida (City) 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.

Touglor Sury	Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.	
(Registered agent's signature)		

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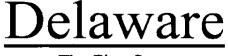
For initial indexing purposes, l	ist names, title or capacity ar	nd addresses of the primary	y members/managers or :	persons authorized to
manage [up to six (6) total]:				

Title or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
≣Manager	Name: Ryan Neil	□Manager	Name:	
■Member	Address: 3609 Lonzalo Way	□Member	Address:	
□Authorized	New Port Richey, FL 34655	□Authorized		
Person		Person		
□Other	Other	□Other	···	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	2 23
☐Authorized		□Authorized		
Person		Person	<u></u>	1
□Other		□Other		2
ШManager	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 outh 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.

	Ryan Ned	
	Signature of an authorized person	
Ryan Neil		
	Typed or printed name of signee	



Page 1

The First State

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

DELANARE, DO HEREBY CERTIFY "COLLECTIVE FORM TECHNOLOGIES, 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 FOURTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLECTIVE FORM TECHNOLOGIES, LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2023.

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

2025 J... -4 J. 11: . r

7216342 8300 SR# 20230029720

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

James of Balance beautiery of Balance

Authentication: 202420312

Date: 01-04-23