

M23000002106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

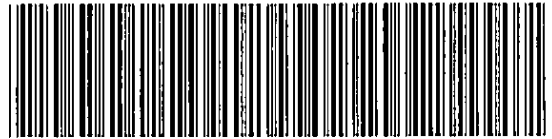
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

W23-21069  
06213

Office Use Only



500401638215

2023 FEB 14 AM 6:10

RECEIVED  
AND  
FILED

RECEIVED  
2023 FEB 14 PM 3:32  
FILING OFFICE  
TALLAHASSEE, FLORIDA

FEB 17 2023

K. Brumblay



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2023

CT CORP

SUBJECT: F4L AGENCY, LLC  
Ref. Number: W23000021069

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for F4L AGENCY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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: 623A00003708

RECEIVED  
2023 FEB 16 PM 1:44  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 02/14/2022

Acc#120160000072

*en: c DW*

Name:	F4L Agency, LLC
Document #:	
Order #:	14783780 - 12

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

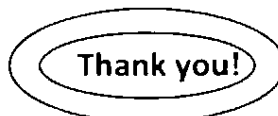
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

george@f4lagency.com
----------------------

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	155.00
------------	--------



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** F4L Agency, 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:

Lori Grant-Koehler

\_\_\_\_\_  
Name of Person

Greenberg Traurig, LLP

\_\_\_\_\_  
Firm/Company

2375 East Camelback Road, Suite 800

\_\_\_\_\_  
Address

Phoenix, Arizona 85016

\_\_\_\_\_  
City/State and Zip Code

george@f4lagency.com

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

For further information concerning this matter, please call:

Lori Grant-Koehler

602 8342

at ( )

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

1. F4L Agency, 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.")

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

3. (FEI number, if applicable)

4. January 1, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 175 South 29th Street, Phoenix, Arizona 85034  
(Street Address of Principal Office)

6. 175 South 29th Street, Phoenix, Arizona 85034  
(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

2023 FEB 14 AM 6:10  
FILED  
AND  
RECORDED

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: C T Corporation System  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>George A. Scott</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Scotty Branch</u>
<input checked="" type="checkbox"/> Member	Address: <u>175 South 29th Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>175 South 29th Street</u>
<input type="checkbox"/> Authorized	<u>Phoenix, Arizona 85034</u>	<input type="checkbox"/> Authorized	<u>Phoenix, Arizona 85034</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>MGRM</u>	<u>Other</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: <u>Jarvis Johnson</u>	 <input type="checkbox"/> Manager	Name: <u>Bryan Derrickson</u>
<input checked="" type="checkbox"/> Member	Address: <u>175 South 29th Street</u>	<input type="checkbox"/> Member	Address: <u>175 South 29th Street</u>
<input type="checkbox"/> Authorized	<u>Phoenix, Arizona 85034</u>	<input type="checkbox"/> Authorized	<u>Phoenix, Arizona 85034</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>MGRM</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>MGR</u>	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: <u></u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

George A. Scott, Jr.  
 Signature of an authorized person

George A. Scott, Jr.  
 Typed or printed name of signer

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**F4L Agency, LLC**

ACC file number: 23465752

was incorporated under the laws of the State of Arizona on 01/01/2023, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 02/14/2023



A handwritten signature in cursive script, reading "Kim Battista".

Kim Battista, Interim Executive Director