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

03/15/2023

D	ate:	03/15/2023	- w: DW
		Acc#I20160000072	4: () = V
Name:	The Collect	ive Genius, LLC	
Document #:			
Order #:	14829282		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	
Filing: 🗸	Certified:		Email Address for Annual Report Notifications:
	Plain: COGS:		jason@thecollectivegenius.com
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 125.00	

Thank you!

COVER LETTER

Div	Division of Corporations		
SUBJECT:	The Collective Genius, LLC		
SOBJECT.		Name of Limited Liability Company	
The enclosed Existence, as	d "Application by Foreign Limited Li nd check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.	
Please return	n all correspondence concerning this t	natter to the following:	
	Jason Medley		
		Name of Person	
	The Collective Genius, LLC		
		Firm/Company	
	400 North Ashley Drive Suite 2	2611. Florida	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	
	jason@thecollectivegenius.com		
	E-mail address	s: (to be used for future annual report notification)	
For further i	nformation concerning this matter, pl	ease call:	
Da	niel Hecht	805 410-3133 at ()	
	Name of Contact Perso		
Re Di P.0	gistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Ple	closed is a check for the following am ase make check payable to: FLORID \$125.00 Filing Fee \$130.00 Filing Fee Certi	A DEPARTMENT OF STATE	

TO:

Registration Section

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

IN COMPILANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company 2. DE 2. (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability.) 400 North Ashley Drive Suite 2611 5. (Street Address of Principal Office.) Tampa, Florida 33602 Tampa, Florida 33602 Tampa, Florida 33602 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	=	3. 88-353 r to registration) ermine penalty liability) 400 No	(FEI number) orth Ashley Drive Sui	per, if applicable)	
(Date first transacted bismess in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.) 400 North Ashley Drive Suite 2611 Street Address of Principal Office.) Tampa, Florida 33602 (Mailing Address.) Tampa, Florida 33602 Tampa, Florida 33602 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		r to registration) ermine penalty liability) 400 No	(FEI numb	ite 2611	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty Itability.) 400 North Ashley Drive Suite 2611 (Mailing Address) Tampa, Florida 33602 Tampa, Florida 33602 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		400 No	orth Ashley Drive Sui	ite 2611	
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Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			ailing Address)		
		Tampa,	, Florida 33602		
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	Box <u>N</u>	ox <u>NOT</u> acceptab	ole)	-	70/3 HAR 1
C T Corporation System Name:				- -	5 PH
Office Address:				. r	ւ ։ 23
Plantation 33324 , Florida					

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.

	С Т Согро	ration System	
By:	Rechel OCommon	Rachel O'Connor, Assistant Secretary	
	•	(Registered agent's signature)	

□ N 4	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address
⊠Manager	Name: Daniel Hecht	□Manager	Name:	
□Member	Address: 1920 Hillhurst Ave # 1075	□Member	Address:	
□Authorized	Los Angeles, CA 90027	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
	Name: Alex Gelman	□Manager	Name:	
□Member	Address: 1920 Hillhurst Ave # 1075	□Member		
□Authorized	Los Angeles CA 90027	□Authorized		·
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	□ Other	□Other		□Other

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE COLLECTIVE GENIUS, 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 TENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 202886983

Date: 03-10-23