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COVER LETTER

Contego Investigations, LLC		
JECT:	Name of Limited Liability Company	
inclosed "Application by Foreign Limited Liabi ence, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certific love referenced foreign limited liability company to transact business in Fl	
e return all correspondence concerning this mat	tter to the following:	
Kristina Keane		
	Name of Person	
Contego Investigations, LLC		
	Firm/Company	
3697 Eagle Ct		
	Address	
Dekalb, II, 60115		
	City/State and Zip Code	
kristina.keane@charlestaylor.com		
E-mail address: 0	to be used for future annual report notification)	
urther information concerning this matter, pleas	e call:	
Kristina Keane	708 465-7252 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount		

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FUORIDA:

1. Contego investigations. (Name of Foreign	Limited Liability Company, must include "Limite	d Lability Company."	T. I. C , "or "LLC ")		
(H'hame unavariable, enter alternate a	name adopted for the purpose of transacting business in F	lorida. The alternate name i	must include "Limited Liability (ompany ""L.1, C," or "L1)	
Delaware		87-40786			
2. (Jurisdiction under the law of which foreign limited hability company is organized)		(FLI number, (Lapplicable)			
4					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to detern	ine penalty bability)			
424 E. Central Blvd, Ste 417 5. (Street Address of Principal Office)			ntral Blvd, Ste 417		
Orlando, FL 32801		Orlando, F			
			· <u>·</u>	1000 F	
	ss of Florida registered agent: (P.O. Bo	c <u>NOT</u> acceptable)			
Name:	Registered Agents, Inc.			88 E - 47	
Office Address:	7901 4th St N Ste 300			7	
	St. Petersburg	171	orida 33702 (Zap code)		
	(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 Agents Inc.
Bill Havre - Assistant Secretary

(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]:

	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Jason Linn	■Manager	Name: Christopher Schaffer
□Member	Address:	□Member	Address: 64 Danbury Rd, Ste 200
□Authorized		□Authorized	Wilton, CT 06897
Person		Person	
□Other	Other	□Other	Other
■Manager	Name: Kristina Keane	≣Manager	Name:
□Member	Address: 64 Danbury Rd, Ste 200	□Member	Address: 64 Danbury Rd, Ste 200
□Authorized	Wilton, CT 06897	□Authorized	Wilton, CT 06897
Person		Person	
□Other		□Other	Other
□Manager	Name: Charles Taylor Acquisitions II LL	□Manager	Name:
■Member	Address: 64 Danbury Rd, Ste 200		Address:
□Authorized	Wilton, CT 06897	□Authorized	
Person		Person	
□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 60, 0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the De artifent of State constitute 13 aird degree felony as provided for in s.817.155. F.S.

Signature of an authorized person

Kristina Keane, Secretary & Manager

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "CONTEGO INVESTIGATIONS LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF DECEMBER, A.D. 2021, AT 5:39 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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



APTITY W. Bullock, Secretary of State

Authentication: 202681642