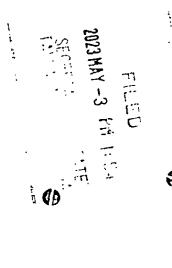
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(F	Requestor's Name)	
(4	Address)	
4)	Address)	
((City/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	}
()	Document Number)	
··Copies	Certificates	of Stalus
d Instructions to F	iling Officer:	

Office Use Only



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2925 MAY -3 AM II: 25

A. Jones

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 677545 7919510

AUTHORIZATION: CARLO BLE BOLL

COST LIMIT : \$\frac{1}{2}5\frac{1}{2}00

ORDER DATE: April 14, 2023

ORDER TIME : 10:44 AM

ORDER NO. : 677545-004

CUSTOMER NO: 7919510

FOREIGN FILINGS

NAME: CAMBRIDGE GLOBAL CAPITAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

IN COMPILANCE 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:

(Name of Foreign	Limited Liability Company; must include "Limited	I Liability Company," "L	L.C.," or "LLC.")	
name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flor	ida. The alternate name must i	include "Limited Liability Company," "L.L.C," o	
Delaware		,		
(Jurisdiction under the law of which foreign limited liability company is organized)		3	3. (FEI number, (Capplicable)	
	(Date tirst transacted business in Florida, if prior to r	egistration.)		
	(See sections 605,0904 & 605,0905, F.S. to determin	ве репану наопнут		
790 Andrews Ave		790 Andrev 6	VS AVE (Mailing Address)	
(Street Address of F	Principal Office)		(Mailing Address)	
Ste H101		Ste H101		
Delray Beach, FL 33483		Delray Beach, FL 33483		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SE	
Name:	Corporation Service Company		SEC. 1	
Office Address:	1201 Hays Street			
	Tallahassee	, Flori	32301	
	(City)	, 11011	(Zip coxle)	

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.

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: Name and Address: Title or Capacity: Name and Address: Christopher Burnham ☐ Manager ■ Manager Name: Member Member Address: _____ Suite H101 ☐ Authorized Authorized Springfield: Vita 22450 Person Other_ Other Other Other Manager Name: _____ Manager Manager Name: _____ Member Address: _____ ☐ Member Address: ____ Authorized Authorized Person Person Other Other___ Other____ Other Manager 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. Nonindexed 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 addited degree felony as provided for in \$.817.155, F.S. Christopher Burnham

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CAMBRIDGE GLOBAL CAPITAL, 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 FOURTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMBRIDGE GLOBAL CAPITAL, LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2013.

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



Jeffrey W. Buffock, Secretary of State