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Foreign Limited Liability Company Method HRM Florida LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Met	hod HRM FI	orida LLC						
··	(Name of Foreign	Limited Liability Company; must include "Limited	Liability Con	npany," "L.L.C.," or "LLC.")			
(If name unit	vailable, enter alternate	name adopted for the purpose of transacting business in Flo	rich. The altern	ite name must include "Lamited	Liability	Company." "L.:	C." or "I	J.C.*
?	laware	thich foreign limited liability company is organized)	3	(FEI nu	- C-	aran.		
17-48-3-48-1	tion dien alt in of	racin sweeps manico ascently company is degrazed)		(FEI NO	aner, 11 aş	дистоке)		
4		(Date first transacted bunness in Florida, if prior to n (See sections 605,0904 & 605,0905, P.S. to determine	egistration)		<u></u>	-		
	E Mockingt	oird Ln Ste 575		307 E Mockingbir	d Ln	Ste 575		
Dalla	is, TX 75206		Dal	las, TX 75206				
7. Name	and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	otable)	· .	至約	2023 HAY	
	Name:	Corporate Creations Network	Inc.	_			HAY 23	FILE
(Office Address:	801 US Highway 1			;	- (F. ST - (F. ST	PH 2:	
		North Palm Beach		Florida <u>33408</u>			: 02	
		(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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary

(Registered agent's diguature)

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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:				
□Manager	Name: Matthew Johnson	□Manager	Name: Joshua Rosen				
ĭMember	Address: 5307 E Mockingbird Ln Ste 575	XJMember	Address: 5307 E Mockingbird Ln Ste 575				
□Authorized	Dallas, TX 75206	☐Authorized	Dallas, TX 75206				
Person	-	Person					
□ Other		Other	□Other				
□Manager	Name:	□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					

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 1 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.

/s/ Caitlin Lazarus
Signature of an authorized person
Caitlin Lazarus, Attorney-in-Fact
Thereof or reinted name of vienes

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "METHOD HRM FLORIDA, 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 TWENTY-THIRD DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METHOD HRM FLORIDA, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2023.

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



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