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Sunshine State Corporate Compliance Company

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ENTITY NAME MILLEF	R VALUE PARTNERS, LLC
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NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$ 125.00	ACCOUNT # 120160000072 4: () W
Please call Tina at ti	he above number for any issues or concerns. Thank you so much!

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:

50 S. Lemon Ave #302 5. (Street Address of Principal Office) Sarasota, FL, 34236 7. Name and street address of Flo	first transacted business in Florida, if prior to regi sections 605,0904 & 605,0905, F.S. to determine p	Stration.) Sensity liability) 50 S. Lemon Ave #302 6. (Mailing Address) Sarasota, FL 34236	
4. Date (See Solve) 50 S. Lemon Ave #302 5. Street Address of Principal Office) Sarasota, FL, 34236 7. Name and street address of Flo	first transacted business in Florida, if prior to regi sections 605,0904 & 605,0905, F.S. to determine p	(FEI number, if applicable stration.) Sensity liability) 50 S. Lemon Ave #302 6. (Mailing Address)	
Sarasota, FL, 34236 7. Name and street address of Flo		6. (Mailing Address)	
Street Address of Principal Office) Sarasota, FL, 34236 7. Name and street address of Flo		6. (Mailing Address)	
50 S. Lemon Ave #302 Street Address of Principal Office) Sarasota, FL, 34236 7. Name and street address of Flo		6. (Mailing Address)	
Sarasota, FL, 34236 Sarasota, FL, 34236 Name and street address of Flo	rida a minurad as mus /D.C. Pore N	(Mailing Address)	
Name and street address of Flo	rida a minurad as var. (D.C. Darr. N	Sarasota, FL 34236	
	rida a minusud agantu (D.C. Darr N	•••	
Name:	istopher Anderson		Fil: 2023 JUH - 8
Office Address: 50	S. Lemon Ave #302		: e HW
Sa	rasota	34236 , Florida	94
	rasota 	(Zip code)	
lesignated in this application, I i	ereby accept the appointment as reall statutes relative to the proper an	cess for the above stated limited liability c egistered agent and agree to act in this cap ad complete performance of my duties, and	pacity. I further agr
x	Chris Anders	10n	

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: Title or Capacity: Name and Address: Christopher Anderson William Herbert Miller IV ĽManager □ Manager Name: _ Address: 50 S Lemon Ave #302 50 S. Lemon Ave #302 Address: ☐ Member □ Member Sarasota, FL 34236 Sarasota, FL 34236 **M**Authorized □ Authorized Person Person □Other_____ □Other____ Other □Other ____ Name: Justin Farrell Name: □Manager □Manager Address: 50 S. Lemon Ave #302 □ Member Address: Sarasota, Fl. 34236 ★ Authorized Person Person □Other____ □Other_____ □Other___ □Other___ □Manager Name: _____ □ Manager Name: Address: □Member Address: ☐ Member □ 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 a third degree felony as provided for in s.817.155, F.S. Chris Anderson Signature of an authorized person Christopher Anderson

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "MILLER VALUE PARTNERS, 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 SEVENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILLER VALUE PARTNERS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 1999.

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

at corn delaware gov/aut

Authentication: 203503944

Date: 06-07-23