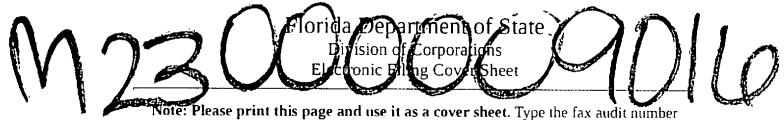
Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (813)436-5206

윤Email Address:

the email address for this business entity to be used for future ធាំ្រាបal report mailings. Enter only one email address please.**

Foreign Limited Liability Company Centari Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

From: Registered Agents Inc.

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:

Centari Management, L				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate	name adopted for the purpose of transacting husiness in F	lorida. The	ilternate name must include "Limited Liabi	lity Company," "L.L.C." or "LLC.")
Texas (Jurisdiction under the law of w	which foreign limited liability company is organized)	3.	(FEI number,	if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, E.S. to determ	registration me pennity	.) habilay)	
2750 S Preston Rd, St		6.	2750 S Preston Rd, Suite 116	164
treet Address of Principal Office)		•	(Mailing Address)	
Celina TX 75009		,	Celina TX 75009	
Name and street uddress	ss of Florida registered agent: (P.O. Box	NOT «	ccontable)	7023 J
Name:	Registered Agents Inc	<u>19(71.</u> d		SECRETARY ST
Office Address:	7901 4th St N STE 300			H 2: 32
	St. Petersburg		33702	ra ·
	Oli i Oloi Sualig		, Florida 33702	

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.

Dist Refere		
	(Registered agent's signature)	

To: 18506176383

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:	□Manager	Name: Parnell, Alexis
⊠Member	Address: 7901 4th St N STE 300	⊠Member	Address: 7901 4th St N STE 300
□Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702
Person		Person	
□Other	□Other	Other	Other
□Manager	Name:	□Munager	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 a third degree felony as provided for in s.817.155, F.S.

Rober	I porce	
	Signature of an authorized person	
Robin Jones		
	Exped or printed name of signer	

Fax: 81343(

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Centari Management, LLC (file number 804854431), a Domestic Limited Liability Company (LLC), was filed in this office on December 26, 2022.

It is further certified that the entity status in Texas is in existence.

To: 18506176383

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 10, 2023.



Jane Nelson Secretary of State

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