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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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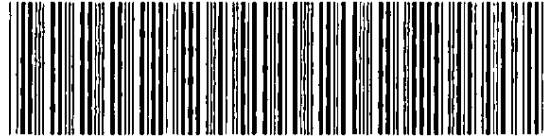
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/23--91082--004 **125.00

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EM 30

Tammy S. Koch, LLC

Attorney at Law

10863 Fawn Lake Drive • Indianapolis, Indiana 46278 • 317-432-3078 • koch_tammy@yahoo.com

July 31, 2023

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

Re: CBMC Acquisition, LLC – Application for Authorization to Transact Business in
Florida

Dear Sir/Madam:

Enclosed is an original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for CBMC Acquisition, LLC. Also included are the Certificate of Existence and the filing fee. Please return a file-marked copy of the documents to me in the enclosed, self-addressed, stamped envelope.

If you have any questions, please contact me.

Very truly yours,

TAMMY S. KOCH, LLC

A handwritten signature in black ink that reads "Tammy S. Koch". The signature is written in a cursive, flowing style.

Tammy S. Koch

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CBMC Acquisition, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tammy S. Koch

Name of Person

Tammy S. Koch, LLC

Firm/Company

10863 Fawn Lake Drive

Address

Indianapolis, IN 46278

City/State and Zip Code

koch_tammy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Koch

317

432-3078

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. CBMC Acquisition, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 27-2837683
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 5855 Kopetsky Drive, Suite G 5855 Kopetsky Drive, Suite G
(Street Address of Principal Office) (Mailing Address)
Indianapolis, IN 46217 Indianapolis, IN 46217

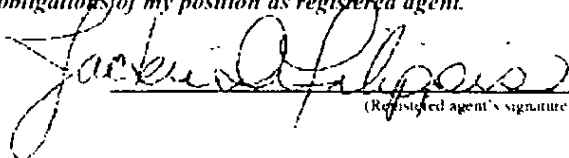
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

2023 AUG -1 AM 11:58

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.



Jackie DeFilippis on behalf of InCorp Services, Inc.

(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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Todd M. Hacker		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	5855 Kopetsky Drive		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Suite G		<input type="checkbox"/> Authorized			
Person		Indianapolis, IN 46217		Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> 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. 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.


Signature of an authorized person

Todd M. Hacker, President of CMAJ Enterprises, Inc., sole member of the LLC

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CBMC ACQUISITION, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 07, 2010, and was in existence or authorized to transact business in the State of Indiana on July 31, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 31, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2010060700367 / 20233299082

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on August 30, 2023.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CBMC Acquisition, LLC

Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Tammy S. Koch

Name of Person

Tammy S. Koch, LLC

Firm/Company

10863 Fawn Lake Drive

Address

Indianapolis, IN 46278

City/State and Zip Code

koch_tammy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Koch

317

432-3078

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
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(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 3. 27-2837683
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

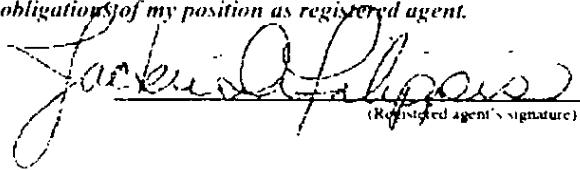
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(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5855 Kopetsky Drive, Suite G
(Street Address of Principal Office)
Indianapolis, IN 46217
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(Mailing Address)
Indianapolis, IN 46217

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

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Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

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FILED

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Jackie DeFilippis on behalf of InCorp Services, Inc.
(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Todd M. Hacker

☐ Member Address: 5855 Kopetsky Drive

☒ Authorized Suite G

Indianapolis, IN 46217

Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

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☐ Member Address: _____

☐ Authorized _____

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Signature of an authorized person

Todd M. Hacker, President of CMAJ Enterprises, Inc., sole member of the LLC

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

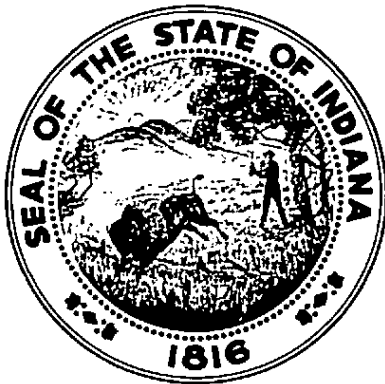
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Diego Morales

DIEGO MORALES
SECRETARY OF STATE

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Expires on August 30, 2023.