

M23000012508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

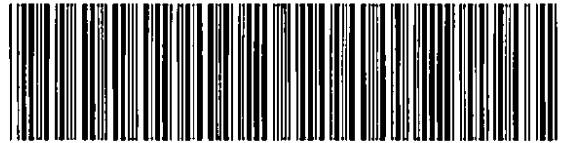
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900416137969

APPROVED
AND
FILED

2023 SEP 28 PM 12:54

RECEIVED

2023 SEP 28 PM 2:28

RECORDS SECTION
TALLAHASSEE, FLORIDA

SEP 29 2023

K. Brumley

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 09/28/2023
Acc#120160000072

en: c DW

| | |
|-------------|----------------|
| Name: | Centerbase LLC |
| Document #: | |
| Order #: | 15142378 |

| | | | |
|-----------------------------------|--------------------------|------------------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | 1-2 FILING | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | dissolution 1st - registration 2nd | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

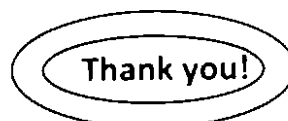
| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notification

| |
|--|
| |
|--|

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **155.00**



CENTERBASE, LLC
8350 N Central Expy 1950
Dallas, TX 75206

September 28, 2023

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

Re: Written Consent to Use of Name

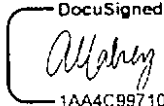
Dear Sir or Madam:

On September 28, 2023, Centerbase, LLC, a Florida limited liability company (the "Dissolved Entity"), was dissolved by filing Articles of Dissolution with the Florida Department of State. The Dissolved entity desires to allow Centerbase, LLC, a Delaware limited liability company, to file an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (the "Foreign Qualification"), under the name Centerbase, LLC (the "Incoming Entity").

This letter serves as the written consent of the Dissolved Entity to the filing of the name Centerbase, LLC by the Incoming Entity and shall be filed with the Department of State at the time of filing of the Foreign Qualification by the Incoming Entity.

Respectfully yours,

Centerbase, LLC

DocuSigned by:

By: _____
1AA4C99710F74E3
Amanda Mabrey
Authorized Person

APPROVED
AND
FILED

2023 SEP 28 PM 12:54

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. Centerbase, 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. Delaware 65-1228380
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 8350 N Central Expy, Suite 1950 8350 N Central Expy, Suite 1950
(Street Address of Principal Office) (Mailing Address)

Dallas, TX 75206 Dallas, TX 75206

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

APPROVED
AND
FILED
2023 SEP 28 PM 12:54
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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.

By: John Flynn, Assistant Secretary
(Registered agent's signature)

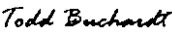
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--|--|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Centerbase Holdings, LLC</u> | <input type="checkbox"/> Manager | Name: <u>Paul Bridgewater</u> |
| | <u>8350 N Central Expy, Suite 1950</u> | | <u>8350 N Central Expy, Suite 1950</u> |
| <input type="checkbox"/> Member | Address: <u>Dallas, TX 75206</u> | <input type="checkbox"/> Member | Address: <u>Dallas, TX 75206</u> |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Chief Executive Officer</u> | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Rob Joyner</u> | <input type="checkbox"/> Manager | Name: <u>Lyné Donovan</u> |
| | <u>8350 N Central Expy, Suite 1950</u> | | <u>8350 N Central Expy, Suite 1950</u> |
| <input type="checkbox"/> Member | Address: <u>Dallas, TX 75206</u> | <input type="checkbox"/> Member | Address: <u>Dallas, TX 75206</u> |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>Vice President</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Chief Financial Officer</u> | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Todd Buchardt</u> | <input type="checkbox"/> Manager | Name: _____ |
| | <u>8350 N Central Expy, Suite 1950</u> | | |
| <input type="checkbox"/> Member | Address: <u>Dallas, TX 75206</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>Secretary</u> | <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.

DocuSigned by

 DAA8ABCCB9D643E
 Signature of an authorized person

Todd Buchardt

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CENTERBASE, 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-SIXTH DAY OF SEPTEMBER, A.D. 2023.

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



6054921 8300

SR# 20233581300

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204244020

Date: 09-26-23