

M 23000012568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

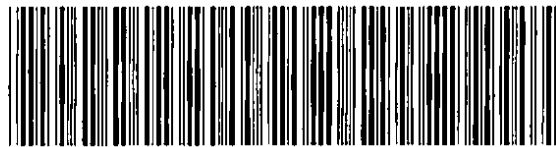
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800415972308

09/21/23--01039--002 \*\*155.00

2

2023

09/21/23

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. Fidelis Capital Partners, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

See attached as "Exhibit A" a release of name affidavit

(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 88-1750208  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 14, 2022 (see document # L22000158419)  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4221 W Boy Scout Blvd  
(Street Address of Principal Office)

6. 4221 W Boy Scout Blvd  
(Mailing Address)

Suite 730

Suite 730

Tampa, FL 33607

Tampa, FL 33607

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

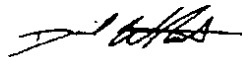
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.



David Westcott, 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>Rick Simonetti</u>	<input type="checkbox"/> Manager	Name: <u>William D. Bolling, III</u>
<input type="checkbox"/> Member	Address: <u>4221 W Boy Scout Blvd</u>	<input type="checkbox"/> Member	Address: <u>2311 Highland Ave. S. #500</u>
<input type="checkbox"/> Authorized Person	<u>Suite 730</u> <u>Tampa, FL 33607</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Birmingham, AL 35205</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

W.D. Bolling, III  
Signature of an authorized person

William D. Bolling, III, Authorized Person

Typed or printed name of signer

## RELEASE OF NAME AFFIDAVIT

The undersigned hereby swears or affirms the following:

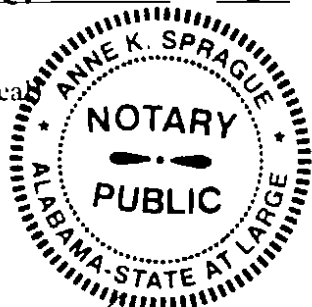
1. FIDELIS CAPITAL PARTNERS, LLC was formed as a Delaware limited liability company (the "**Delaware LLC**") on April 11, 2022.
2. The Delaware LLC was to apply for a certificate of authority to transact business in Florida pursuant to Fla. Stat. § 605.0902.
3. Instead, FIDELIS CAPITAL PARTNERS, LLC was formed and registered as a Florida limited liability company with document number 1.22000158419 (the "**Florida LLC**") on April 14, 2022.
4. The Florida LLC filed articles of dissolution with the Florida Department of State on September 5, 2023.
5. The Florida LLC has no intention of revoking the dissolution, therefore releasing the name for use to another entity, and hereby consents to the Delaware LLC using the name "Fidelis Capital Partners, LLC" in Florida.

By: W.D. Bolling, III  
Name: William D. Bolling, III  
Title: Authorized Person  
Date: September 20, 2023

STATE OF ALABAMA  
COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me on this 20<sup>th</sup> day of September, 2023 by William Dunn Bolling, III.

(Notary Seal)



Anne K. Sprague  
Notary Signature

Anne K. Sprague  
Print Name

Personally Known ✓ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIDELIS CAPITAL 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2023.

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



6730188 8300

SR# 20233501639

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204171327

Date: 09-15-23