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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Darlington Investment Group, LLC ECT:			
		of Limited Liability Company		
		Company for Authorization to Transact Business in Florida." Certificate or referenced foreign limited liability company to transact business in Florid		
Please	return all correspondence concerning this matter to	o the following:		
	Jonathan Sizemore, Esq.			
		Name of Person		
	Adams Howell Sizemore & Adams P.A	١.		
		Firm/Company		
	1600 Glenwood Avenue, Suite 101			
		Address		
	Raleigh, North Carolina, 27608			
	Ci	ity/State and Zip Code		
	jonathan.sizemore@adamshowell.com			
	E-mail address: (to be	used for future annual report notification)		
For fu	rther information concerning this matter, please cal	d:		
	Jonathan Sizemore	919 900-4700 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section		
		Division of Corporations		
		The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$\Begin{array}{c} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate		

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:

Darlington Investment	Group, LLC Limited Liability Company; must include "Limite	11:-E8:			
(Name of Foreign	Limited Liability Company; must include Limite	a Liability Co	empany, L.E.C., or LLC.)		
	name adopted for the purpose of transacting business in F	lorida. The alter	nate name must include "Limited Liability (Company," "L.L.C," or "LLC.	
California			/A		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)			
Applicant has not trans	sacted business in Florida prior to compl	eting this a	pplication.		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liab	ility)		
444 N Camden Drive			4 N Camden Drive		
Street Address of Principal Office)		6. (Mailing Address)			
Beverly Hills, CA 902	10	Beverly Hills, CA 90210			
		_			
		NOT	. 113		
. Name and street address	ss of Florida registered agent: (P.O. Box	NOL acc	eptable)	6.7	
Name:	Registered Agents Inc			S Ecâl	
Office Address:	7901 4th St. N STE 300			ء ک جَا	
Office Addition.	St. Petersburg		33702 . Florida	FH 12:	
	(City)	 	(Zip code)	-	
Registered agent's accep Having been named as re	·	process for		ity company at the	

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.

Oavid Colection
(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:	Title or Capacity:	Name and Address:
■Manager	Name: Simon Ourian	■Manager	Name: Sharon Ourian
■Member	Address: 444 N Camden Drive	■Member	Address: 444 N Camden Drive
□Authorized	Beverly Hills, CA 90210	□Authorized	Beverly Hills, CA 90210
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 1600 Glenwood Ave., Suite 101	□Member	Address:
■Authorized	Raleigh, NC 27608	□Authorized	
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		Other	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.

Jonathan Sizemore, Esq.

Typed or printed name of signee



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: DARLINGTON INVESTMENT GROUP, LLC

Entity No.: 200518810349 **Registration Date:** 07/06/2005

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

CALIFORNIA CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 26, 2023.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 147967440

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.