

M23000014168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

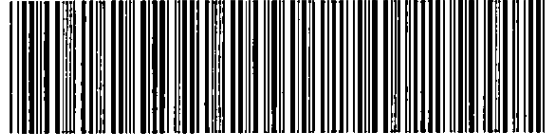
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 06 2023

K. Brumley



COGENCYGLOBAL®

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/06/2023

Name: Juliana

Reference #: 2173297

Entity Name: EVERSTORY ACQUISITION PORTFOLIO, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide certified copy

Authorized Amount: \$155.00

Signature: Juliana Presta

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Everstory Acquisition Portfolio, 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:

Dawn Schoenig

Name of Person

Schulte Roth & Zabel LLP

Firm/Company

919 Third Avenue

Address

New York, NY 10022

City/State and Zip Code

ltruj@everstorypartners.com

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

For further information concerning this matter, please call:

Rachel DiSciullo

Name of Contact Person

212

at ()

Area Code

756-2276

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Everstory Acquisition Portfolio, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 3331 Street Road, Suite 200
(Street Address of Principal Office)

Bensalem, PA 19020

6. 3331 Street Road, Suite 200
(Mailing Address)

Bensalem, PA 19020

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

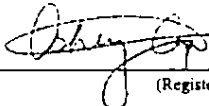
Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(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.

 Ashley Cepin, Asst. Secretary
(Registered agent's signature)

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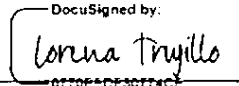
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Everstory Acquisition Holdco, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Scott Stefani, Interim CFO, Treasurer</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Everstory Partners</u>	<input type="checkbox"/> Member	Address: <u>3331 Street Road</u>
<input type="checkbox"/> Authorized	<u>3331 Street Road, Suite 200</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 200</u>
Person	<u>Bensalem, PA 19020</u>	Person	<u>Bensalem, PA 19020</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Andrew Axelrod, Chairman</u>	 <input type="checkbox"/> Manager	Name: <u>Will Corbett, CIO</u>
<input type="checkbox"/> Member	Address: <u>3331 Street Road, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>3331 Street Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Bensalem, PA 19020</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 200</u>
Person	_____	Person	<u>Bensalem, PA 19020</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Lilly Donohue, CEO, President</u>	 <input type="checkbox"/> Manager	Name: <u>Lorena Trujillo, VP, GC, Secretary</u>
<input type="checkbox"/> Member	Address: <u>3331 Street Road, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>3331 Street Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Bensalem, PA 19020</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 200</u>
Person	_____	Person	<u>Bensalem, PA 19020</u>
<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.

DocuSigned by:

 Signature of an authorized person

Lorena Trujillo

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 "EVERSTORY ACQUISITION PORTFOLIO, 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 THIRD DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERSTORY ACQUISITION PORTFOLIO, LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2023.

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



7646771 8300

SR# 20233893468

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

A handwritten signature in black ink, appearing to read "JB", 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: 204518708

Date: 11-03-23