M2300015798

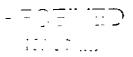
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



400418722724

11/88/23--01608--019 **180.00



ZOZ3 NOV 27 PH 4: 43
SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

| TO: | | ation Section n of Corporations | | | |
|----------|--|--|--|--|--|
| SUBJE | Co E C T: | onverge Strategies, LLC | | | |
| | | Nam | e of Limited Liability Company | | |
| | | | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. | | |
| Please | return all | correspondence concerning this matter t | to the following: | | |
| | | Wilson Rickerson | | | |
| | | | Name of Person | | |
| | | Converge Strategies, LLC | | | |
| | | | Firm/Company | | |
| | | 50 Holbrook Street | | | |
| | | | Address | | |
| | Boston, MA 02130 | | | | |
| | | City/State and Zip Code | | | |
| | | admin@convergestrategies.com | | | |
| | - | E-mail address: (to be | e used for future annual report notification) | | |
| For furt | ther infor | mation concerning this matter, please ca | II: | | |
| | Wilson Rickerson | | 617 637-6828 at () | | |
| | | Name of Contact Person | Area Code Daytime Telephone Number | | |
| | Mailing Address: Registration Section | | Street Address: Registration Section | | |
| | Division of Corporations | | Division of Corporations | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | Please r | d is a check for the following amount: nake check payable to: FLORIDA DEP .00 Filing Fee S130.00 Filing Fee Certificate of | 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: , Converge Strategies, LLC

| r name unavallable, enter alternate i | name adopted for the purpose of transacting business in Flor | | isbility Company," "L.L.C," or "LL | .C.") |
|---------------------------------------|--|---------------------------------|------------------------------------|-------|
| Delaware | | 82-0679269 3. | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | (FEI numb | ber, if applicable) | |
| | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine | ristration.) penalty liability) | | |
| 50 Holbrook Street | | 50 Holbrook Street | | |
| treet Address of Principal Office) | | 6. (Mailing Address) | | |
| Boston, MA 02130 | | Boston, MA 02130 | | |
| | | <u> </u> | SE SE | |
| | | | | 45 |
| Name and street addres | ss of Florida registered agent: (P.O. Box.) | N <u>OT</u> acceptable) | SECRETARY I | 1 : |
| Name: | C T Corporation System | | OF STATE SSEE, FL | 3 3 |
| Office Address: | 1200 South Pine Island Road | | AF 45 | 3 |
| | Plantation | 33324 , Florida | | |
| | (Ciry) | (Zip code) | | |

| CHARANT KOM | Citistine Kelm 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Michael Wu Wilson Rickerson Manager ■Manager 50 Holbrook Street 4618 S Juneau Street Address: □Member □Member Boston, MA 02130 Seattle, WA 98118 □ Authorized ☐ Authorized Person Person □Other___ _ □Other_____ □Other □Other_____ □Manager Name: _____ Name: _____ □Manager □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other____ □Other □Other Other____ □Manager Name: ______ □Manager □Member Address: Address: ☐Member ☐ 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. Nonindexed 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. medle Signature of an authorized person

Typed or printed name of signee

Michael M. Wu

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONVERGE STRATEGIES, 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 NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVERGE STRATEGIES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2017.



Authentication: 204599755

Date: 11-15-23