

M24000000406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

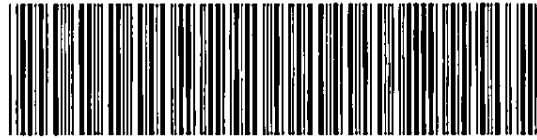
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500421831655

FILED
2024 JAN 12 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 JAN 12 AM 11:11
TALLAHASSEE, FL
SECRETARY OF STATE



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 01/12/24
Order #: 1387079-1
Re: SRVI BLUEPORT LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

---Enclosed please find:---

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the text of the enclosed application.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. SRVI Blueport 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. OH
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 580 Harrison Avenue
(Street Address of Principal Office)

Suite 2E

Boston MA 02118

6. c/o Legal Department
(Mailing Address)

4300 E. Fifth Avenue

Columbus, OH 43219

FILED
2024 JAN 12 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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.

Corporation Service Company

By: Eyeline Baker
(Registered agent's signature) Assistant Vice President

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:☒ Manager

Name: Jeffrey D. Swanson

☐ Member

Address: 4300 E Fifth Avenue

☐ Authorized

Columbus, OH 43219

Person

☒ Other☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name: Tod H. Friedman

☐ Member

Address: 4300 E Fifth Avenue

☒ Authorized

Columbus, OH 43219

Person

☒ Other

VP

☒ Other

Secretary

☐ Manager

Name: Carl Brindle

☐ Member

Address: 580 Harrison Avenue Ste 2E

☒ Authorized

Boston, MA 02118

Person

☒ Other

President

☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ 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.

DocuSigned by:

Tod Friedman

Signature of an authorized person

Tod H. Friedman

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SRVI BLUEPORT LLC, an Ohio Limited Liability Company, Registration Number 4213102, was organized in the State of Ohio on July 25, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of January, A.D. 2024.

Frank LaRose

Ohio Secretary of State

Validation Number: 202401102120