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		Acc#I20160000072	- William
Name:	FL Resource	es LLC	
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Thank you!

COVER LETTER

Di	vision of Corporations	
SUBJECT	FL Resources LLC	
JOBSECT	Name	of Limited Liability Company
The enclose Existence,	ed "Application by Foreign Limited Liability C and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida
Piease retu	rn all correspondence concerning this matter to	the following:
	Daniel Chastant	
		Name of Person
	Ulmer & Berne LLP	
		Firm/Company
	1660 W 2nd St Ste 1100	
		Address
	Cleveland, OH 44113	
Subject Name of Limited Liability Company		
	dchastant@ulmer.com	
	E-mail address: (to be	used for future annual report notification)
For further	information concerning this matter, please call	:
D	aniel Chastant	
_	Name of Contact Person	Area Code Daytime Telephone Number
R D P	egistration Section ivision of Corporations O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Pl	ease make check payable to: FLORIDA DEP.	& \$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:

FL Resources LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate n	same adopted for the purpose of transacting business in Flo	rida, The	alternate name must include "Limited Lis	ability Company," "L.L.C," o	r "LLC.")
Delaware		2			
(Jurisdiction under the law of w	urisdiction under the law of which foreign limited liability company is organized)		(FEI number	(FEI number, if applicable)	
January 15, 2024					
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistratio e penalty	n.) liability)		
465 Oberlin Ave S		6.	465 Oberlin Ave S		
reet Address of Principal Office)		0.	(Mailing Address)		
Lakewood, NJ 08701			Lakewood, NJ 08701		
					_
					_
				2024	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT :	acceptable)	. (Tr-	rvier 1 j
	C T Corporation System				t to the
Name:				- 0	
Office Address:	1200 South Pine Island Road			رد <u>م</u>	
	Plantation	-	33324	: 50 ∵	
	(City)		, Florida(Zip code)		
	(City)		(zip tout)		
egistered agent's accept aving been named as res	tance: gistered agent and to accept service of pr	ocess	for the above stated limited l	liability company at	the plac
signated in this applicat	tion, I hereby accept the appointment as ons of all statutes relative to the proper a	regist	ered agent and agree to act ii	n this capacity. I ful	rther agi
comply with the provision	ons at all statilies pelative to the brader a	ına co	mpiele perjormance of my di	uues, ana 1 am Jami	uar wiih
	of my position as registered agent.		J Sinh		
nd accept the obligations			Laura Droderick		

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Daniel A. Gottesman □Manager □Manager Address: ____ 1660 W 2nd St Ste 1100 □Member Address: □Member Cleveland, OH 44113 ☐ Authorized ■ Authorized Person Person Other____ □Other_____ Other____ Other___ Name: _____ □Manager Name: _____ □Manager Address: □Member Address: □Member ☐ Authorized ☐ Authorized Person Person □Other____ ☐ Other Other____ ☐Other___ Name: _____ □ Manager ☐ Manager Address: □Member 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. Daniel A. Gottesman

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FL RESOURCES 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 SEVENTEENTH DAY OF JANUARY, A.D. 2024.

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

Authentication: 202604371

Date: 01-17-24

2885113 8300 SR# 20240141895