

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2024 MAR 11 PM 3:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
INIZIO EVOKE DRIVE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAR 11 PM 3:33

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INIZIO EVOKE DRIVE 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (855) 498 - 5500
Area Code 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

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**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. INIZIO EVOKE DRIVE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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. NORTH CAROLINA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 12/28/2023

(FBI number, if applicable)

4. UPON FILING(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 100 REGENCY FOREST DR STE 160

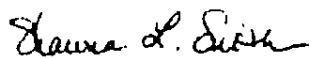
(Street Address of Principal Office)

CARY, NC 275186. 800 TOWNSHIP LINE RD, STE 300

(Mailing Address)

YARDLEY, PA 190677. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee, 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.



(Registered agent's signature)

Shawna L. Smith, Asst. Secy. on behalf
of Capitol Corporate Services, Inc.

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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 checked="" type="checkbox"/> Manager	Name: <u>Melissa Macarelli (Tax Mgr)</u>	<input type="checkbox"/> Manager	Name: <u>Reid Connolly</u>
<input type="checkbox"/> Member	Address: <u>1100 Virginia Dr Ste 200</u>	<input type="checkbox"/> Member	Address: <u>100 Regency Forest Dr</u>
<input type="checkbox"/> Authorized	<u>Fort Washington, PA 19034</u>	<input type="checkbox"/> Authorized	<u>Ste 160</u>
Person	_____	Person	<u>Cary, NC 27518</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Andrew Martin Morrow</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>100 Regency Forest Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ste 160</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Cary, NC 27518</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.



Signature of an authorized person

Andrew Martin Morrow

Typed or printed name of signer

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NORTH CAROLINA

Department of the Secretary of State

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CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

INIZIO EVOKE DRIVE LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 28th day of December, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of March, 2024.

Elaine F. Marshall

Secretary of State

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