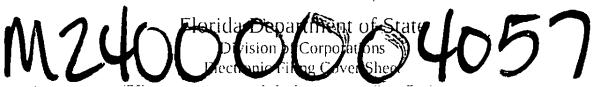
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Foreign Limited Liability Company Stable Value Partners LLC

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3/27/2024 13:45:53 PET To: 18506176383 Page, 2/4 Fax: 8134365206

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

rianne univaliable, enter anestane	name adopted for the purpose of transacting business in Hori	da. The alternate name must include "Lumined Liability Co	company " "L.L.C," or "LLC	
Delaware		3 452793434		
Ourisdiction under the law of w	hich foreign funited liability company is organized)	#El number, if app	dicable)	
	(Date first transacted business in Florida, if prior to reg (See sections 60) 1904 & 605 (90)5, F.S. to determine	istration) penalty hability)		
7901 4th St N STE 300		7901 4th St N STE 300		
reet Address of Principal Office)		6. (Mailing Address)		
St. Petersburg FL 33702		St. Petersburg FL 33702		
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box 2	SOT acceptable)	4047 HAR	
Name:	Registered Agents Inc		R 27	
Office Address.	7901 4th St N STE 300		구 .	
	St. Petersburg	, Florida <mark>33702</mark>	ب ت	
	(City)	(Zip code)	~	

(Registered agent's signature)

8.	For initial indexing purposes, list	names, title or capacity a	and addresses of the primar	y members/managers or	persons authorized to
ma	nage [up to six (6) total]:				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Kelley, Ryan Name:	□Manager	Name:
X (Member	Address: 7901 4th St N STE 300	XMember	Address:
□Authorized	St. Petersburg FL 33702	□Authorized	7901 4th St N STE 300
Person		Person	St. Petersburg FL 33702
□Other	Other	□ Other	
∐Manager	Name	□Manager	Name:
□Member	Address:	© Member	Address:
□Authorized		[]Authorized	
Person		Person	
□Other	□Other	□Other	□Other
LJManager	Name:	LIManager	Name.
□Member	Address:	⊡Member	Address:
□Authorized		□Authorized	
Person		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.

Ï	Earlie in	e francis	
		Signature of an authorized person	on
Robin Jon	es		
		Typed or printed name of sign	ret



Page 1

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

DELAWARE, DO HEREBY CERTIFY "STABLE VALUE PARTNERS 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STABLE VALUE PARTNERS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2013.

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

al corn delaware sov/aut

Authentication: 203126288

Date: 03-27-24