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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

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

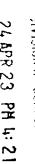
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### Foreign Limited Liability Company **Cntxt.Agency LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help





4/23/2024,05:47:37 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLANCE WITH SECTION (95,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	anie adopted for the purpose of transacting business in Fl	lorida. The	alternate name must include "Earnited Etability Co	ompany," "L.L.C," or "LLC,")
MA		3.	87-2652195	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		IFEI number, if app	licable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	ne penalty	hapqui)	
7901 4th St N STE 300		6	11 Fairmount Ave Ste 108 (Mailing Address)	
eet Address of Principal Office)		٧.	(Mailing Address)	
St. Petersburg FL 3370	2		Hyde Park MA 02136-2777	SE SE
				EPR 2
				23 F
Name and street address	s of Florida registered agent: (P.O. Box	NOT a	acceptable)	PH 4: 21
				2.
Name:	Northwest Registered Agent LLC			_
Office Address:	7901 4th St N STE 300			
	St. Petersburg		, Florida <sup>33702</sup>	
	(Cry)		(Zip code)	
gistered agent's accep			for the above stated limited liabilit	

(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: Le. Richard □Manager □ Manager Name: Address: 7901 4th St N STE 300 **⊠**Member ☐ Member Address: \_\_\_\_ St. Petersburg FL 33702 □ Authorized □ Authorized Person Person □ Other\_\_\_\_\_ □Other\_\_\_\_\_\_ □Other Name: \_\_\_\_\_ □ Manager □ Manager Name: \_\_\_\_\_ Address: ☐ Member Address: □ Member []Authorized □ Authorized Person Person □ Other\_\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_ □ Other Name: \_\_\_\_\_ Name: **⊞**Manager ∐Manager Address: ☐ Member Address: ☐ Member

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.

□Other\_\_\_\_\_

□ Authorized

Person

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)

□ Authorized

Person

Other\_\_\_\_

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.

	Nut Smith	
	Signature of an authorized person	
Nat Smith		
	Lyned or nemted name of surner	



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston. Massachusetts 02138

#### April 8, 2024

#### TO WHOM IT MAY CONCERN:

To: 18506176383

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### CNTXT.AGENCY LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 14, 2021.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C. § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: RICHARD LE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RICHARD LE



In testimony of which.

I have become affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranino Gallein