Florida Department of State

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To:

Division of Corporations

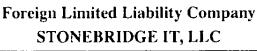
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleáse. €*

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	COVER LETTER (((124000131030 3)))
TO: Registration Section Division of Corporations	
SUBJECT: STONEBRIDGE IT, LL	С
3000001.	Name of Limited Liability Company
	ility Company for Authorization to Transact Business in Florida," Certificate of sove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this ma	tter to the following:
LOVETTE DOBSON	I
	Name of Person
	Firm/Company
	ringCompany
17350 STATE HW	Y 249 STE 220
	Address
HOUSTON, TX 7706	64
	City/State and Zip Code
FEILE1234@INCEILE	= COM
E-mail address: (E.COM to be used for future annual report notification)
For further information concerning this matter, please	
LOVETTE DOBSON	at (1 Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amou	
Please make check payable to: FLORIDA ☐ \$125.00 Filing Fee S \$130.00 Filing	

Certificate of Status

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of Status & Certified Copy

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

1	SINESS IN THE STATE OF FLORIDA: STONEBRIDGE IT, Limited Liability Company; must include "Limite	LLC a triability Company."	"L.L.C" or "El.C.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	lorida. The alternate name	must include "Unmited Liab	bility Company," "L.L.C." or	<u>"</u> LLC.")
2. California	nich foreign lumited liability company is organized)	3.	IFEI number	r, if applicable)	_
4	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905, F.S. to determ	registration.) me penalty habitity)			
5. 433 Plaza Re			Plaza Real,	Suite 275	_
Boca Raton, F	L 33432	Boca	Raton, FL 3	3432	_
				8 = 2	_ 8
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box	. <u>NOT</u> acceptable)	121 APR 2	e so d south fa free sig
Name:	REPUBLIC REGISTE	RED AGE	NT LLC	5 PM ASSEE	
Office Address:	1150 Nw 72nd Ave To	ower 1 Ste	455	STATE E. FL	U
	Miami (Criy)	, F	lorida 33126 (Zip code)		
designated in this applicate to comply with the provision		process for the abo s registered agent	ove stated limited li and agree to act in	iability company at to this capacity. I fur-	ther agree
	Wasley I	Dolan Signature)			

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8. For initial indexing purposes,	list names, title or capaci	ity and addresses of i	the primary members/n	ranagers or persons a	uthorized to
manage [up to six (6) total]:					

itle or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address
2Manager	Name: Alen Zilic	□Manager	Name:	
§Member	Address: 2435 East North St	□Member	Address:	
Authorized	Suite 1108 - 265	□Authorized		
Person	Greenville, SC 29615	Person		
Other		□Other		Other
Manager	Name:	⊡Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
[Other	Other	Other		□Other
Manager	Name:	□Manager	Name:	
"Member	Address:	□Member	Address:	
Authorized		○Authorized		
Person		Person		
Other		□Other		□Other

- 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.

Alen Zilic
Signature of an authorized person
,

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I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: STONEBRIDGE IT, LLC

Entity No.: 201621710257 **Registration Date:** 07/29/2016

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

AL OF THE OUT THE OUT

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 25. 2024.

SHIRLEY N. WEBER, PH.D.

Ag /3

Secretary of State

Certificate No.: 204095218

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov. (((H24000151698 3)))