

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 APR 19 PM 4:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flatwoods Consulting Group, 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:

C. Leo

Name of Person

Harbor Compliance

Firm Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City, State and Zip Code

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

For further information concerning this matter, please call:

C. Leo

Name of Contact Person

at 717

Area Code

844-5937

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. Flatwoods Consulting Group, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. Delaware

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

3

27-0490443

(FEI number, if applicable)

4.

(Write first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0907, F.S. to determine penalty liability.)

5. 8306 Laurel Fair Circle

(Street Address of Principal Office)

6

6397 Emerald Pkwy

(Mailing Address)

Suite 120

Ste 200

Tampa, FL 33610

Dublin, OH 43016

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Registered Agents Inc

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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)

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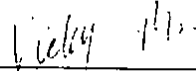
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name <u>Verdantas LLC</u>	<input type="checkbox"/> Manager	Name <u>Rebecca Ashton</u>
<input checked="" type="checkbox"/> Member	Address <u>6397 Emerald Pkwy</u>	<input type="checkbox"/> Member	Address <u>8306 Laurel Fair Circle</u>
<input type="checkbox"/> Authorized	<u>Suite 200</u>	<input type="checkbox"/> Authorized	<u>Suite 120</u>
Person	<u>Dublin, OH 43016</u>	Person	<u>Tampa, FL 33610</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name <u>Jesse Kropelnicki</u>	<input type="checkbox"/> Manager	Name <u>Christopher Lee</u>
<input type="checkbox"/> Member	Address <u>8306 Laurel Fair Circle</u>	<input type="checkbox"/> Member	Address <u>8306 Laurel Fair Circle</u>
<input type="checkbox"/> Authorized	<u>Suite 120</u>	<input type="checkbox"/> Authorized	<u>Suite 120</u>
Person	<u>Tampa, FL 33610</u>	Person	<u>Tampa, FL 33610</u>
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name <u>Pat Shendan</u>	<input type="checkbox"/> Manager	Name <u>Ashley Chang</u>
<input type="checkbox"/> Member	Address <u>8306 Laurel Fair Circle</u>	<input type="checkbox"/> Member	Address <u>8306 Laurel Fair Circle</u>
<input type="checkbox"/> Authorized	<u>Suite 120</u>	<input type="checkbox"/> Authorized	<u>Suite 120</u>
Person	<u>Tampa, FL 33610</u>	Person	<u>Tampa, FL 33610</u>
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<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
Vicky Murnane

Typed or printed name of signer

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 type="checkbox"/> Manager	Name: Lee Walton	<input type="checkbox"/> Manager	Name: Shannon Gonzalez
<input type="checkbox"/> Member	Address: 8306 Laurel Fair Circle	<input type="checkbox"/> Member	Address: 8306 Laurel Fair Circle
<input type="checkbox"/> Authorized Person	Suite 120 Tampa, FL 33610	<input type="checkbox"/> Authorized Person	Suite 120 Tampa, FL 33610
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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Signature of an authorized person

Vicky Murnane

Typed or printed name of signer

Delaware

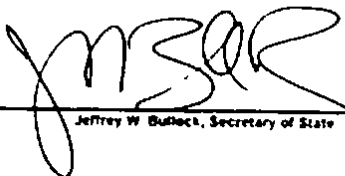
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLATWOODS CONSULTING GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLATWOODS CONSULTING GROUP, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

2786274 8300

SR# 20241408692

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203230347

Date: 04-11-24