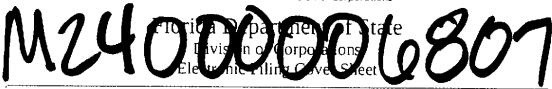
Division of Corporations



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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

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

Email	Address:		

DEFENDING STANISHS

Foreign Limited Liability Company Greenview Capital Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Fax: 8134365206

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Greenview Capital Ma	nagement LLC				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Con	opany," "E.E.C.," or "EEC,")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	torida. The altern	ate name must include "Limited Liability (Company," "LL,C," or "Lt	LC.")
2. Delaware		3. 99-3147033			
Durisaletion under the law of w	hich foreign limited liability company is organized)		(FEI number, if ap	ibjicapje)	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)	I NA		
7901 4th St N STE 300		•	 1 4th St N STE 300		
(Street Address of Principal Office)		Q	(Marling Address)		
St. Petersburg FL 3370	2	St. (Petersburg FL 33702		
7	(F) (P) P	NOT			
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	C <u>NQ 1</u> acce _l	ntable)	2024	
Name:	Registered Agents Inc			ZUZ4 HAY 2	•
	7001 Ath C+ N CTC 200			29	
Office Address:	7901 4th St N STE 300			Pi	
	St. Petersburg		, Florida	દ .	
	(City)		(Zip ende)	1.	

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.

David Kodiaco			
	(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: Engle, Davis □ Manager Name: □ Manager Address: 7901 4th St N STE 300 ⊠Метbег ☐ Member Address: St. Petersburg FL 33702 Authorized ☐ Authorized Person Person Other____ □ Other Other □Other____ □ Manager Name: □ Manager Name: □ Member Address: □Member Address: []Authorized □ Authorized Person Person □Other____ □Other____ Other____ Other ∐Manager Name: Name: _____ ⊔Manager ☐ Member Address: ____ Address: □ Member
 □ Authorized □ Authorized Person Person □Other _____ □Other_____ ☐ Other ______ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Tilin Joney

Typed or printed name of signee

Robin Jones



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GREENVIEW CAPITAL MANAGEMENT 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-NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREENVIEW

CAPITAL MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY,

A.D. 2024.

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

at corp delaware gov/auth

Authentication: 203577818

Date: 05-29-24