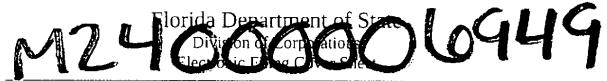
**Division of Corporations** 



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 Clifton Capital LLC

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

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Corporate Filing Menu

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5/31/2024 11:12 16 PDT . To. 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605,0902, 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 r	name adopted for the ourpose of transacting business in FI	orida. The al	temate name must include "Limited Liability	Company," "L.I. C," or "I
Delaware			825274933	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEE number, 18 a	pplicable)
	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905, F.S. to determ	registration, me penalty h	ability)	-
7901 4th St N STE 300		, 7	7901 4th St N STE 300	
eet Address of Principal Office)		6	(Mailing Address)	
St. Petersburg FL 3370	2	5	St. Petersburg FL 33702	
		_		26
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> ac	cceptable)	21/24/11/17/31
Name:	Northwest Registered Agent LLC			3
Office Address:	7901 4th St N STE 300			6: n5
	St. Petersburg		, Florida 33702	
	(City)		(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.

7FM		
	(Registered agent's signature)	

8. For initial indexing purposes, li	ist names, title or capacity	r and addresses of th	ie primary member:	s/managers or persons	authorized to
manage [up to six (6) total]:					

To: 18506176383

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Rufo, David	□Manager	Name:	
⊠Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	$\square$ Authorized		* **
Person		Person	<del></del>	
Other	□Other	Other		Other
□Manager	Name:	□Manager	Nume:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		74.
Person		Person	<u> </u>	
□Other	□Other	Other		Other
∐Manager	Name:	⊔Manager	Name:	
□Member	Address:	□Member	Address:	
□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.

NW S	WAN	
<del></del> -	Signature of an authorized person	
Nat Smith		
	Exped or printed name of signer	

5/31/2024 11:12:16 PDT . , To: 18506176383 Page: 4/4 Fax: 8134365206

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CLIFTON CAPITAL 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 THIRTY-FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLIFTON CAPITAL LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2018.

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

Authentication: 203602295

Date: 05-31-24