

M24000007101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

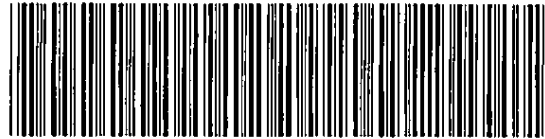
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 JUN 4 PM 1:11

2024 JUN 4 PM 3:29

RECEIVED

JUN 05 2024

K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 06/04/24
Order #: 1525136-1
Re: Rising Phoenix Management Group, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

Certificate of Good Standing from State of Incorporation

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rising Phoenix Management 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:

Maria E. Suppa
Name of Person

Rising Phoenix Management Group, LLC
Firm/Company

126 Business Park Drive, Bldg 2
Address

Utica, NY 13502
City/State and Zip Code

maria.suppa@tidalbasingroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria E. Suppa at (315) 272-2120
Name of Contact Person Area Code 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. Rising Phoenix Management Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. 82-3363307 (FEI number, if applicable)

4. 06/03/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 126 Business Park Drive
(Street Address of Principal Office)

6. 126 Business Park Drive
(Mailing Address)

Bldg 2

Bldg 2

Utica, NY 13502


Utica, NY 13502

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.
Corporation Service Company
By: 
(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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Tom Lewis</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>Curt Russell</u>	
<input type="checkbox"/> Member	Address:	<u>675 N. Washington St.</u>		<input type="checkbox"/> Member	Address:	<u>675 N. Washington St.</u>	
<input type="checkbox"/> Authorized		<u>Suite 400</u>		<input type="checkbox"/> Authorized		<u>Suite 400</u>	
Person		<u>Alexandria, VA 22314</u>		Person		<u>Alexandria, VA 22314</u>	
<input checked="" type="checkbox"/> Other	<u>President, COO</u>	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	<u>CFO</u>	<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	<u>Lori Nichols</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>Maria Suppa</u>	
<input type="checkbox"/> Member	Address:	<u>126 Business Park Drive</u>		<input type="checkbox"/> Member	Address:	<u>126 Business Park Drive</u>	
<input type="checkbox"/> Authorized		<u>Bldg 2</u>		<input type="checkbox"/> Authorized		<u>Bldg 2</u>	
Person		<u>Utica, NY 13502</u>		Person		<u>Utica, NY 13502</u>	
<input checked="" type="checkbox"/> Other	<u>CHRO</u>	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	<u>CCO</u>	<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				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<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.

Maria E Suppa
D04956500D81405

Signature of an authorized person

Maria E. Suppa

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISING PHOENIX MANAGEMENT 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 FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISING PHOENIX MANAGEMENT GROUP, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2017.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6635427 8300

SR# 20242762722

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

Authentication: 203623250

Date: 06-04-24