

M24000009559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

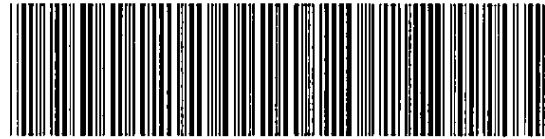
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
JUL 24 2024 PM 6:22

2024 JUL 25 PM 6:22

APPROVED
AND
FILED

SECRETARY OF STATE

JUL 24 2024 PM 6:22

2024 JUL 24 PM 6:22

RECEIVED

JUL 25 2024

K Brumby



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 07/24/24
Order #: 1570569-1
Re: Tidal Basin Holdings, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.0 - FL State Account Number:
120000000195
Certificate of Good Standing from State of Incorporation

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: Tidal Basin Holdings, 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

Tidal Basin Holdings, LLC

Firm/Company

126 Business Park Drive, Bldg 2

Address

Utica, NY 13502-6324

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

315

272-2120

at (_____) _____

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. Tidal Basin Holdings, 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. Virginia 47-1877760
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/01/2024
(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)
Bldg 2
Utica, NY 13502-6324

6. 126 Business Park Drive
(Mailing Address)
Bldg 2
Utica, NY 13502-6324

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)

APPROVED
AND
FILED
2024 JUL 25 PM 6:22
CLERK OF DISTRICT COURT
1st JUDICIAL CIRCUIT
IN FLORIDA

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: Shauna Godbolt

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:**

☐ Manager Name: Thomas J. Campbell

☒ Member Address: 99 Canal Center Plz

☐ Authorized STE 400

Alexandria, VA 22314

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Tom Lewis

☐ Member Address: 675 N. Washington Street

☐ Authorized Suite 400

Alexandria, VA 22314

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Maria E. Suppa

☐ Member Address: 126 Business Park Drive

☐ Authorized Bldg 2

Utica, NY 13502-6324

Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Daniel A Craig

☐ Member Address: 675 N. Washington Street

☐ Authorized Suite 400

Alexandria, VA 22314

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Curt Russell

☐ Member Address: 675 N. Washington Street

☐ Authorized Suite 400

Alexandria, VA 22314

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Daylen Docampo Perez

☐ Member Address: 675 N. Washington Street

☐ Authorized Suite 400

Alexandria, VA 22314

Person

☐ Other _____ ☐ 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 Suppa
Signature of an authorized person

Maria E. Suppa
Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

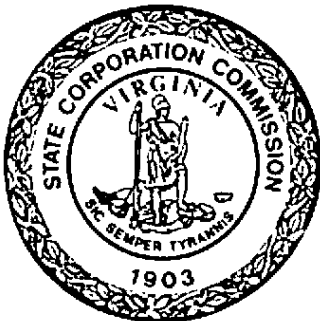
I Certify the Following from the Records of the Commission:

That Tidal Basin Holdings, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on January 3, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 19, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission