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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BERGER-SINGERMAN-LLP-MIAMI
Account Number : 120090000006
Phone : (305)755-9500
Fax Number : (305)714-4340

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

Email Address: miranda@mcl-pl.com

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2024 AUG -1 PM 12:14

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
Meridian Capital Group I, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX NO.

P. 02

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. Meridian Capital Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")
- Meridian Capital Group I, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-1778377
(FEI number, if applicable)

4. Upon filing.
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5115 Maryland Way, Ste 201
(Street Address of Principal Office)
6. 5115 Maryland Way, Ste 201
(Mailing Address)
- Brentwood, TN 37027
Brentwood, TN 37027

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

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.

/s/ Eric Hood
 Assistant Secretary (Registered agent's signature)

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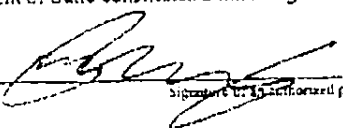
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>Neal Lampley</u>	<input type="checkbox"/> Manager	Name: <u>Mark Rittner</u>
<input type="checkbox"/> Member	Address: <u>5115 Maryland Way, Ste 201</u>	<input type="checkbox"/> Member	Address: <u>5115 Maryland Way, Ste 201</u>
<input type="checkbox"/> Authorized	<u>Brentwood, TN 37027</u>	<input type="checkbox"/> Authorized	<u>Brentwood, TN 37027</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Director, CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Director, President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jake Eaton</u>	 <input type="checkbox"/> Manager	Name: <u>Mark Eaton</u>
<input type="checkbox"/> Member	Address: <u>5115 Maryland Way, Ste 201</u>	<input type="checkbox"/> Member	Address: <u>5115 Maryland Way, Ste 201</u>
<input type="checkbox"/> Authorized	<u>Brentwood, TN 37027</u>	<input type="checkbox"/> Authorized	<u>Brentwood, TN 37027</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Director, Chief Operating Officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Dean Lantos</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5115 Maryland Way, Ste 201</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Brentwood, TN 37027</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Director</u>	<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.



 Signature of authorized person
 Neal Lampley

 Typed or printed name of signer

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Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MIRANDA PYBURN
5115 MARYLAND WAY
BRENTWOOD, TN 37027

July 31, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0594973

Issuance Date: 07/31/2024
Copies Requested: 1

Document Receipt

Receipt #: 009159857

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3878891662

\$20.00

Regarding: Meridian Capital Group, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 08/27/2014
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 769656
Date Formed: 08/27/2014
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Meridian Capital Group, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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Verification #: 068992235