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	(Requestor's Name)
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_ PICK	C-UP WAIT MAIL
	(Business Entity Name)
•	(Document Number)
Certified Copies _	Certificates of Status
Special Instructi	ions to Filing Officer
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SEP () 4 2024 K. Brumbley



II5 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	09/04/2024		Cheyanne Davis (850) 202-1882
	Cheyanne	Davis	
Referenc	se #: 247 9	530	
			UNDING SPE IV, LLC
✓ Ar	ticles of Incorporatio	n/Authorization t	o Transact Business
☐ Ar	mendment		
☐ CI	nange of Agent		
☐ Re	einstatement		
☐ C	onversion		
□М	erger		
☐ Di	ssolution/Withdrawa		
☐ Fi	ctitious Name		
V 0	ther PLI	EASE ATTACH C	ERTIFIED COPY UPON FILING
Authorize	ed Amount:	\$155.00	
Signature		_	

F: +852.2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	TENET EQUITY FUNDING SPE IV, LLC						
		Name of Limited Liability Company					
		mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.					
Please re	eturn all correspondence concerning this matter to the	he following:					
	Michael Zieg						
		Name of Person					
	TENET EQUITY FUNDING SPE IV, LLC						
	Firm/Company						
	7332 E. Butherus Dr., Suite 100						
	Address Scottsdale, AZ 85260						
	City	/State and Zip Code					
	mike@tenetequity.com						
	E-mail address: (to be us	sed for future annual report notification)					
For furt	her information concerning this matter, please call:						
Michael Zieg		480 806-2404 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI \$125.00 Filing Fee \$\text{Certificate of S}\$	2 ■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate					

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:

f name unavailable, enter alternate :	name adopted for the purpose of transacting husiness in Fl	loride. The alternate name must include "Limited Liability Co	ompany," "L.L.C," or "LLC,")
Delaware		2	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if appl	licable)
Upon filing.			
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ine penalty liability)	
7332 E. Butherus Dr.,	Suite 100	7332 E. Butherus Dr., Suite 100	
treet Address of Principal Office)		6. (Mailing Address)	
Scottsdale, AZ 85260		Scottsdale, AZ 85260	
Name:	Cogency Global Inc.		
Office Address:	115 North Calhoun Street, Suite 4		կ։ 02
	Tallahassee	32301 , Florida	2
	(City)	(Zip code)	
	(City)		

Michael Zieg

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: Nicholas Eggert Name: Michael Zieg ■Manager ■Manager 7332 E. Butherus Dr., Suite 100 Address: _____ □Member □ Member Scottsdale, AZ 85260 Scottsdale, AZ 85260 □ Authorized □ Authorized Person Person Other____ Other □ Other Other _____ Tenet Equity Warehouse SPE II, LLC Name: Andrew Gallagher ■Manager □ Manager Address: ____ 7332 E. Butherus Dr., Suite 100 Address: _____ Butherus Dr., Suite 100 □Member **■**Member Scottsdale, AZ 85260 Scottsdale, AZ 85260 \square Authorized □ Authorized Person Person Other____ □Other ____ Other____ □Other_____ Name: _____ □Manager □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. 1 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 an authorized person

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TENET EQUITY FUNDING SPE IV, 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 SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TENET EQUITY FUNDING SPE IV, LLC" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2024.

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

at coro delaware soy/auti

Authentication: 204302721

Date: 09-04-24

4934324 8300

SR# 20243589784

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