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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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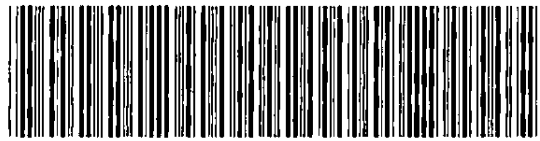
(Business Entity Name)

(Document Number)

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2024 SEP -4 11:11:43
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SEP 13 2024

1 2 3 4 5

SUBJECT: Advocate Pay, LLC

Please return all correspondence concerning this matter to the following:

Name of Person

Gilbride Tusa Last & Spellane LLC

Address

Greenwich, Connecticut 06830

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

542-8436

at (_____)

Area Code

Daytime Telephone Number

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Advocate Pay, 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 99-4517596
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 677 N. Washington Boulevard Suite 10
(Street Address of Principal Office)
Sarasota, Florida 34236
6. 677 N. Washington Boulevard Suite 10
(Mailing Address)
Sarasota, Florida 34236

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


Name: Gilbride Tusa Last & Spellane LLC

Office Address: 780 Fifth Avenue South, Suite 200.

Naples 34102
(City) , Florida (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.


(Registered agent's signature)

FILED
2024 SEP -4 AM 11:43


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:	Andy Aziz		<input checked="" type="checkbox"/> Manager	Name:	Bryce Rowley	
<input type="checkbox"/> Member	Address:	677 N Washington Boulevard		<input type="checkbox"/> Member	Address:	1529 Lakeside Circle	
<input type="checkbox"/> Authorized		Suite 10		<input type="checkbox"/> Authorized		Park city, UT 84060	
	Person	Sarasota, Florida 34236			Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				<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"/> 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

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 an authorized person
 Bryce Rowley
 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 "ADVOCATE PAY, 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 SIXTEENTH DAY OF AUGUST, A.D. 2024.



4731750 8300

SR# 20243433007

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

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

Authentication: 204184247

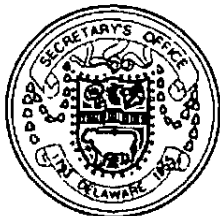
Date: 08-16-24

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "ADVOCATE PAY, LLC",
FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF AUGUST, A.D. 2024,
AT 5:35 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

4731750 8100
SR# 20243433007

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

Authentication: 204184246
Date: 08-16-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:35 PM 08/15/2024
FILED 05:35 PM 08/15/2024
SR 20243433007 - File Number 4731750

**STATE OF DELAWARE
CERTIFICATE OF FORMATION OF
LIMITED LIABILITY COMPANY**

ADVOCATE PAY, LLC

The undersigned, being authorized to execute and file this Certificate of Formation for the purposes of forming a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware (the "Act"), hereby certifies that:

FIRST: The name of the limited liability company (hereinafter referred to as the "Company") is "**Advocate Pay, LLC**"

SECOND: The address of its registered office in the State of Delaware is 251 Little Falls Drive, City of Wilmington, County of New Castle, 19808.

The name of the Company's Registered Agent at that address is Corporation Service Company.

THIRD: The management of the Company is vested in one or more managers.

FOURTH: The Company shall indemnify and advance expenses to any of its managers, officers and members, any person who has ceased to be a manager, officer or member, and the heirs, executors, administrators, successors and assigns of such person or entity to the fullest extent permitted by the Act as the same exists now or may hereafter be amended.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of this August 15th, 2024.

/s/ Nathan P. Pereira

Nathan P. Pereira, Authorized Person