M24000011907

(Requestor's Name)
(Address)
(All)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Catitudans)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100435948021

09/95/24--1.021--00. **.25.00

2024 SEP -5 Fit to t 9

COVER LETTER

TO:		ation Section 1 of Corporations					
SUBJE		dit LLC					
Name of Limited Liability Company							
					ion to Transact Business in Florida," d liability company to transact busin		
Please r	return all	correspondence concerning	this matter to the	following:			
		Lauren Flores					
			N	ame of Person			
		Harbor Compliar	nce				
Firm/Company							
1830 Colonial Village Ln							
Address							
		Lancaster, PA	17601				
City/State and Zip Code							
		jason@cod-it.te	ch				
	_	E-mail a	ddress: (to be use	d for future annual r	eport notification)		
For furt	ther infor	nation concerning this mat	ter, please call:				
	Lau	ıren Flores		717	844-9826 Daytime Telephone Number		
		Name of Contact	Person	Area Code	Daytime Telephone Number		
	Registr Division P.O. B	ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations		
				Tallahassee, FL	•		
	Please n	d is a check for the following the check payable to: FLG 1.00 Filing Fee		□ \$155.00 Filim	ng Fee & 🔲 \$160.00 Filing Fee,		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

codit LLC				
(Name of Foreign	n Limited Liability Company; must include "Limited	Liability Company ""L. L.C. "or "L. C."		
(* • • • • • • • • • • • • • • • • •	- Salarea Bloomy Company, must mediae Educet	Lability Company, L.E.C., or EEC.		
iame unavaliable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability C	ompany," "LLC," or "LL	
Georgia		3 825503536		
(Jurusdiction under the law of a	which foreign limited liability company is organized)	(FEI number, if applicable)		
	(Day E.)			
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)		
1755 The Exc	hange SE Ste 112	. 1755 The Exchange SF Ste 112		
et Address of Principal Office)		6. 1755 The Exchange SE Ste 112		
Atlanta, GA		A41		
		Atlanta, GA		
30339 - 7401		20220 7404		
		30339 - 7401		
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	2	
			73	
Name:	Registered Agents Inc		CI SEP	
Name:	Registered Agents Inc		žůzii SEP – g	
	Registered Agents Inc 7901 4th St N STE 300		71	
Name: Office Address:			1	
		, Florida <u>33702</u>	71	

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: ___ □Manager □Manager Address: 1755 The Exchange SE Ste 112 [XMember □Member Address: _____ Atlanta, GA □ Authorized ☐ Authorized 30339 - 7401 Person Person Other □Other____ Other □Other____ □Manager Name: ___ □ Manager Name: □Member □Member Address: Address: _____ ☐ Authorized ☐ Authorized Person Person ☐Other____ Other____ Other ☐Other_____ □Manager Name: □Manager Name: _____ Address: □Member Address: _____ □Member □ Authorized Authorized Person Person □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. 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. Jason Gumbs Signature of an authorized person Jason Gumbs

Typed or printed name of signee

Control Number: 18057864

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

codit LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 27844339 Date Inc/Auth/Filed: 05/04/2018 Jurisdiction : Georgia Print Date : 08/27/2024 : 211

Form Number



Brad Raffangerge

Brad Raffensperger Secretary of State