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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.

Account Number : I20040000147 Phone : (239)263-6000 Fax Number : (239)263-6757

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

SDECURTIS@AOL.COM Email Address:

Foreign Limited Liability Company SDC PENSION SERVICES, LLC

Certificate of Status	0		
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H240003419923

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 WARRING COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SDC PENSION SERV	VICES, LLC a Limited Elability Company; must include "Limite			
	- District Charles Company, mase mentice Chinac	:c 112:113	Company, L.E.C., or TELC.)	
(If same mavailable, enter alternose	communicating for the purpose of transacting business in F	lorida The a	ternate mane must include "Limited Liability Contrar	nv." (LLC." or "LLC.")
DELAWARE 2	which foreign imused impulsy contrary is arganized)		05-0515232	
	and it retails make having company is organized)		(a El number, il appareable	:)
٤	(Date first transacted passacs in Family at error to	Proportion to		
	(See sections 605.0804 & 605.0905, 9.5, to determine	ne peralty il	ebility)	
600 5TH AVE S., STE 207		6.	00 5TH AVE S., STE 207	
(Street Address of Principal Office)		*	(Multing Address)	
NAPLES FL 34102		N	APLES FL 34102	
				<u> </u>
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	21
				174
Name:	JOHN N BRUGGER			7024 OC T
Office Address:	600 STH AVE S., STE 207			
	NAPLES		34102	10 :01 RV
	(Cn ₂)		, Florida	
Registered agent's accen			: Eily word;	t-

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.

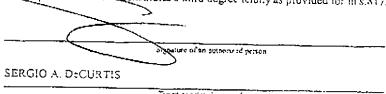
3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

239-263-6757

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:	
☐Manager	Name. DeCurtis, Sergio A.	□Manager	Name:	
≅Member	Address: 600 5th Ave S., Ste 207	□Member		
□Authorized	Naples FL 34102	□Authorized		
Person		Person		
□ Other		□Othe:		□Other
□Manager	Name:	□Manager	Name:	
□Membe:	Address:	□Member		
CiAuthorized		□ Authorized		
Person		Person		
□O:her	□ Other	□Other		□Other
□Manager	Name:	□ Manager	Name.	
□Member	Address:	⊒Member		
□Authorized		☐ Authorized		
Person		Person		
⊡Other	Other	COther		□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 outh of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Fiorida 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.



H240003419923

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SDC PENSION SERVICES, 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 ELEVENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SDC PENSION SERVICES, LLC" WAS FORMED ON THE SEVENTE DAY OF MAY, A.D. 2015.

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

5743076 8300 SR# 20243925591

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

Authentication: 204609845

Date: 10-11-24