

10/15/24, 12:13 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# M24000013206

**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.**

(((H24000344748 3)))



H240003447483ABC3

**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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

Email Address: tsylla@gid.com

**Foreign Limited Liability Company  
Columbia Clearwater LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

RECEIVED  
2024 OCT 15 PM 12:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 OCT 15 11:27

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

DocuSign Envelope ID: 503028B5-C3BC-4534-A6EE-18B46143894F

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 865.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Columbia Clearwater 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FBI number, if applicable)

4. Upon Filing

(Date first transacted business in Florida, if prior to registration;  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

c/o GID

5.

(Street Address of Principal Office)

125 High Street, High St. Tower, 27th Fl

Boston, MA 02110

c/o GID

6.

(Mailing Address)

125 High Street, High St. Tower, 27th Fl

Boston, MA 02110

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

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

33324

(City)

, Florida

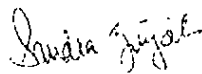
(Zip code)

## 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.

Sandra Zwijack, Assistant Secretary

(Registered agent's signature)



2024 OCT 15 11:29:27

DocuSign Envelope ID: 503028B6-C3BC-4634-A6EE-16B46143894F

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>Mark Conopka</u>                   | <input type="checkbox"/> Manager               | Name: <u>Gregory E. Haas</u>                |
| <input type="checkbox"/> Member                | Address: <u>125 High Street, 27th Floor</u> | <input type="checkbox"/> Member                | Address: <u>125 High Street, 27th Floor</u> |
| <input checked="" type="checkbox"/> Authorized | <u>High Street Tower</u>                    | <input checked="" type="checkbox"/> Authorized | <u>High Street Tower</u>                    |
| Person   | <u>Boston, MA 02110</u>                     | Person   | <u>Boston, MA 02110</u>                     |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        |
| <br>   |   | <br>   |   |
| <input type="checkbox"/> Manager               | Name: <u>Jacob Berger</u>                   | <input type="checkbox"/> Manager               | Name: <u>Michael McMahon</u>                |
| <input type="checkbox"/> Member                | Address: <u>125 High Street, 27th Floor</u> | <input type="checkbox"/> Member                | Address: <u>125 High Street, 27th Floor</u> |
| <input checked="" type="checkbox"/> Authorized | <u>High Street Tower</u>                    | <input checked="" type="checkbox"/> Authorized | <u>High Street Tower</u>                    |
| Person   | <u>Boston, MA 02110</u>                     | Person   | <u>Boston, MA 02110</u>                     |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        |
| <br>   |   | <br>   |   |
| <input type="checkbox"/> Manager               | Name: <u>Jennifer Keller Furlow</u>         | <input type="checkbox"/> Manager               | Name: <u>Benjamin A. Eastwood</u>           |
| <input type="checkbox"/> Member                | Address: <u>125 High Street, 27th Floor</u> | <input type="checkbox"/> Member                | Address: <u>125 High Street, 27th Floor</u> |
| <input checked="" type="checkbox"/> Authorized | <u>High Street Tower</u>                    | <input checked="" type="checkbox"/> Authorized | <u>High Street Tower</u>                    |
| Person   | <u>Boston, MA 02110</u>                     | Person   | <u>Boston, MA 02110</u>                     |
| <input type="checkbox"/> Other _____           | <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.

Signed by:  
Jacob Berger  
E45CBE220752407  
Signature of an authorized person  
  
Jacob Berger  
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 "COLUMBIA CLEARWATER 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 FIFTEENTH DAY OF OCTOBER, A.D. 2024.

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



5425377 8300

SR# 20243946844

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204629791

Date: 10-15-24