

M24000014609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

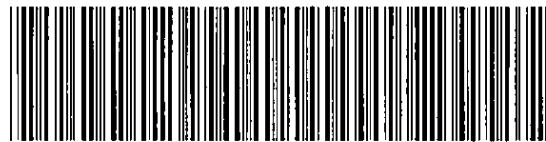
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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10/28/24--01028--013 *160.00

2024 OCT 28 PM 1:33
SACRAMENTO COUNTY, STATE
OF CALIFORNIA, FILED
IN THE CLERK'S OFFICE

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Benevate, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

J. Jason Rusnak

Name of Person

Benevate, LLC

Firm/Company

3423 Piedmont Road NE, Suite 420

Address

Atlanta, GA 30305

City/State and Zip Code

jason.rusnak@benevate.com

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

For further information concerning this matter, please call:

Sarah Bohentin 850 363-1717
at () Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

**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. Benevate, 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

81-0880368

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

(FEI number, if applicable)

3. 09/26/2024

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

5. 3423 Piedmont Road NE, Suite 420

(Street Address of Principal Office)

6. 3423 Piedmont Road NE, Suite 420

(Mailing Address)

Atlanta, GA 30305

Atlanta, GA 30305

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

Name: Donna Harrison

Name: _____

Office Address: 6773 Tamarind Circle

Office Address: _____

Orlando

(City)

32819

Florida

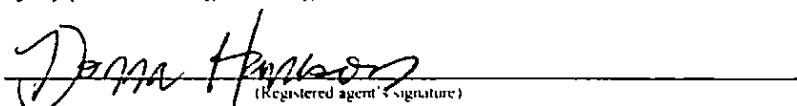
(Zip code)

2014 OCT 28 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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)

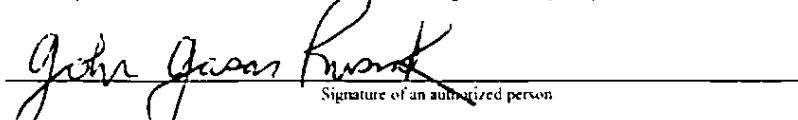
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: John Jason Rusnak	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3423 Piedmont Road NE, #420	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Atlanta, GA 30305	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Christopher Behm	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3423 Piedmont Road NE, #420	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Atlanta, GA 30305	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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"/> 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.


John Jason Rusnak
Signature of an authorized person
John Jason Rusnak
Typed or printed name of signee

Delaware

Page 1

The First State

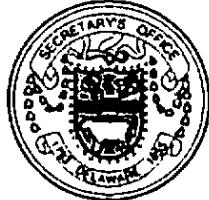
*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BENEVATE, LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2024.*

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

5898722 8300

SR# 20243795570

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



A handwritten signature in black ink that reads "JWB". Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller, sans-serif font.

Authentication: 204492094

Date: 09-26-24