# MZ4000015187

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(, (3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cum <b>e</b> nt Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200439554162

2024 DEC -5 PH 4: 09

RECEIVED

DEC 0 5 2024

K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : I20000000195
	REFERENCE : 810721 7.882647
	AUTHORIZATION :
	COST LIMIT : \$ 130.00
ORDER DATE :	December 4, 2024
ORDER TIME :	10:39 AM
ORDER NO. :	810721-005
CUSTOMER NO:	7882647
	FOREIGN FILINGS
NAME:	CERNO ESTE LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ CERTIFIED COPY
\_\_\_\_\_ PLAIN STAMPED COPY
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_

### COVER LETTER

• .

Registration Section

TO:

CT:Nai	ne of Limited Liability Company
losed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certie referenced foreign limited liability company to transact business in
eturn all correspondence concerning this matter	to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
E-mail address: (to	be used for future annual report notification)
ther information concerning this matter, please of	call:
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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: Please make check payable to: FLORIDA DI  \$125.00 Filing Fee \$130.00 Filing I  Certificate	EPARTMENT OF STATE

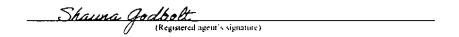
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cerno Este LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	I Liability (	Company," "L. L. C.," or "LLC.")		_
(If name unavailable, enter afternate i	name adopted for the purpose of transacting business in Flo	orida. The al	ternate name must include "Limited Liabil	lits Company," "I. L.C."	or "LL('.'')
Delaware	hich foreign limited liability company is organized)		(FEI number,		
Oursaction dide: the law of w	men foreign minica mainty company is organized,		VI C.I INDINCE,	и арримаетс)	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration )	abilus )	_	
40 Morris Ave., Suite 5. (Street Address of Principal Office)	230	2	40 Morris Ave., Suite 230 (Mailing Address)		
Bryn Mawr, PA 19010			Bryn Mawr, PA 19010		
		_			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> ac	eceptable)	2024 DE	<u>-</u>
Name:	Corporation Service Compnay			E - 5	
Office Address:	1201 Hays Street	<u>-</u> <u>-</u>			50
	Tallahassee		32301 , Florida	#: 09	
	(Cuy)		(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.



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: Clay W. Hamlin Name: Richard R. Previdi □Manager □ Manager 40 Morris Ave., Suite 230 40 Morris Ave., Suite 230 **≝**Member ■Member Address: Bryn Mawr, PA 19010 Bryn Mawr, PA 19010 □ Authorized □ Authorized Person Person □Other\_ \_\_\_ □Other □Other = □Other Frank Zazzera Name: Name: Anthony Burroughs □Manager ■ Manager 40 Morris Ave., Suite 230 Address: \_\_\_ 40 Morris Avenue Suite 230 □Member ■Member Address: Bryn Mawr, PA 19010 Bryn Mawr, PA 19010 Authorized □ Authorized Person Person □Other □Other □Other □Other □Manager Name: \_\_\_\_\_ □Manager Name: Address: \_\_\_\_ Address: \_\_\_\_\_ ■ Member □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. Signature of an authorized person Frank Zazzera, CFO

Exped or printed name of signee

810721

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CERNO ESTE 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 FOURTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CERNO ESTE LLC"

WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 205030031

Date: 12-04-24

2746818 8300 SR# 20244385780