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Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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Foreign Limited Liability Company First Central Systems LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ININIARA		22 2720022		
Delaware Ournsdiction under the law of w	hich foreign limited hability company is organized)	3. 33-2738033 (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to regi (See sections 605,0901 & 605,0905, F.S. to determine p	stration.) senalty liability)		
7901 4th St	N STE 300	6. 7901 4th St N STE 300	_	_
ct Address of Principal Office)		(Mailing Address)		
St. Petersbı	urg, FL 33702	St. Petersburg, FL 33702		
		·		. :::
Name and street addres	s of Florida registered agent: (P.O. Box. <u>N</u>	OT acceptable)	5	455 555 555 555
<u>-1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</u>			ź	3.50 3.50
V	Northwest Registered Ager	nt LLC	-1	
Name:			PH =	음유 - 유유
Office Address:	7901 4th St N STE 300		5:	2114 2114 2114
	St. Petersburg	22702	49	
	City)	Florida 33702 (Zip code)		
	• •			

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	<u>::</u>	Name and Address:
□Manager	Name: First Central Systems Trust	□Manager	Name:	
⊠Member	Address: 7901 4th St N STE 300	⊔Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Namc:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Othei
	w.			
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□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.

/	Vat Smith
	Signature of an authorized person
Nat Smith	
	Typed or printed name of super

1/17/2025 10:53:56 PST To: 18506176383 Page: 4/4 Fax: 8134365206



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

DELAWARE, DO HEREBY CERTIFY "FIRST CENTRAL SYSTEMS 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 JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST CENTRAL SYSTEMS LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2024.

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

Authentication: 202702331

Date: 01-15-25