## N21000038%

(Requestor's Name)
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3/2/21

## COVER LETTER

	stration Section		•
SUBJECT:	CRDV ST. PETERSBURG LLC		
SUBJECT: _	Name	of Limited Liability Company	
The enclosed Existence, and	"Application by Foreign Limited Liability C I check are submitted to register the above r	Company for Authorization to Transact Business referenced foreign limited liability company to tr	in Florida," Certificate of ransact business in Florida.
Please return a	all correspondence concerning this matter to	o the following:	
	THOMAS H. MALLORY, JR.		
		Name of Person	
	MALLORY LAW OFFICE, LLC		
		Firm/Company	
	720 E. BROAD STREET, STE 202		
		Address	202
	COLUMBUS, OHIO 43215	·	
	. C	ity/State and Zip Code	
,	SALLY.MILLER@MALLORYLAWO	FFICE.COM	
	E-mail address: (to be	used for future annual report notification)	m
For further in	formation concerning this matter, please cal	li:	FINE CO
SAL	LY MILLER	614 763-5800 at ( )	
-	Name of Contact Person	Area Code Daytime Telephone	e Number
Reg Divi	ing Address: istration Section ision of Corporations	Street Address: Registration Section Division of Corporations	e Number
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	PH 3
lall	ahassee, FL 32314	2413 IN. Monroe Street, Suite 810	المستعم والماسية

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

Certificate of Status

Certified Copy

Tallahassee, FL 32303

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

	name adopted for the purpose of transacting business in Flo	ida. The alternate name must include "Limited Liability Company,"	"L. L. C., " or "LEC
ELAWARE STATE		4734048 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized?	(FEI number if applicable)	
	(Date first transacted business in Florida if prior to co	gistration )	
	(See sections 605 0904 & 605 0905, F.S. to determin	é penalty líabelny)	
1733 W. LANE AVE	4UE	1733 W. LANE AVENUE	
et Address of Principal Office)		6. (Mailing Address)	
UPPER ARLINGTON	OHIO 43221	UPPER ARLINGTON, OHIO 43221	A
		<u> </u>	
		1.1.7	
	·· <del>·····</del>		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	ss of Florida registered agent: (P.O. Box  COGENCY GLOBAL, INC	NOT acceptable)	
Name and <u>street addres</u> Name;  Office Address:		NOT acceptable)	19001
Name;	COGENCY GLOBAL, INC  115 N CALHOUN ST, STE. 4  TALLAHASSEE	32301	2021 F
Name:	COGENCY GLOBAL, INC		2021 FEB
Name; Office Address: gistered agent's accep	COGENCY GLOBAL, INC  115 N CALHOUN ST, STE. 4  TALLAHASSEE  (Cny)	32301 77- , Florida	2021 FEB 14

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage Jup to six (6) total): Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: CHRIS WATKINS Name: \_\_\_\_\_ Manager 1733 W. LANE AVE. Address: \_\_\_\_\_ □Member □Member

Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_

□ Authorized

□Other\_\_\_\_\_

UPPER ARLINGTON, OHIO 43221

**IAuthorized** 

	Name:	□Manager	Name:
□Member	Address:	□ Memb <del>e</del> r	Address:
[] Authorized		□Authorized	
Person		Person	

				⊒ <u>e</u>	73		
<b>7.6</b> 4	Name:	□Manager	Name:		FEB I		
□Manager	ranc.	_  via.iuger		55.2	Ţ-	0	

☐ Other\_\_\_\_\_

] Member	Address:	□Member	Address: _	<u> </u>	70_	177	
				Sili			
Authorized		□ Authorized		المنافقة الم	<u> </u>		
	·			(T)	80		
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. 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 5.817.155, F.S.

> Themes H. Walley Jr.
> Signature of an authorized person THOMAS H. MALLORY, JR

> > Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CRDV ST. PETERSBURG, 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-FIFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRDV ST.

PETERSBURG, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE H

ASSESSED TO DATE.



Authentication: 202362004

Date: 01-25-21

4734048 8300 SR# 20210216138