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((Requestor's Name)
	(Address)
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PICK-UP	WAIT MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:0	7/14/2023	
Name:	14531	
Reference #:_	2043755	
Entity Name:_	TI	DEKEEPER LLC
		zation to Transact Business
Amend	ment	
☐ Change	e of Agent	
Reinsta	tement	
Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	is Name	
Other_		
Authorized Am	nount:\$125.00	<u> </u>
Signature:		

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Tidekeeper LLC				
		Name of Limit	ed Liability C	Company	
				tion to Transact Business in Florida," ed liability company to transact busin	
Please return	all correspondence concern	ning this matter to the follo	wing:		
	Maximilian Atchi	ty, Esq.			
	-	Name (of Person		
	Foley & Lardner				
		Firm/C	ompany		
	2021 McKinney	Avenue, Suite 1600	,		
		Ad	dress		
	Dallas, TX 7520	1			
		City/State a	nd Zip Code		
	gavin@tidekeepe	r.com			
	E-ma	ail address: (to be used for	future annual	report notification)	
For further in	iformation concerning this	matter, please call:			
Ma	ximilian Atchity	at	214	, 999-4021	
	Name of Cont	tact Person	Area Code	Daytime Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301	
Plea	losed is a check for the follose make check payable to: \$125.00 Filing Fee		□ \$155.00	Filing Fee & \$160.00 Filing bed Copy of Status & Cert	

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:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Florida	The alternate	e name must include "Limited Liability C	Company," "L.1.	C." or "	ī.1.C · · ·)
Delaware		93	-1371246			
. (Durisdiction under the law of which foreign limited liability company is organized)			(FEI munber, if applicable)			
07/14/2023						
	(Date first transacted business in Florida, if prior to reg (See sections 605-0904 & 605-0905, F.S. to determine	istration) penalty liability	y)	_		
345 Park Avenue	e, 41st Floor	6.				
(Street Address of Principal Office)			(Mailing Address)			_
New York, NY 10	0154					
				<u>.</u>		_
				圣岩	123	_
. Name and street addre	ss of Florida registered agent: (P.O. Box)	<u>VOT</u> accer	otable)		Œ	7 Z
	0			νη	<u>-</u>	
Name:	Cogency Global Inc.		_	<u> </u>	2	0.0
	115 North Calhoun St. Suite 4			135 135 135		C
Office Address:		<u> </u>			90	
	Tallahassee		32301 , Florida			
	(Cuy)		(Zip code)	_		
lesignated in this applica	otance: egistered agent and to accept service of pro ution, I hereby accept the appointment as r ions of all statutes relative to the proper a	registered	agent and agree to act in th	his capacity	. I fu	rther agree

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: Title or Capacity: Name and Address: Name and Address: Name: _ Name: Manager 345 Park Avenue, 41st Floor Address: ____ **X**Member ☐ Member New York, NY 10154 Authorized Authorized Person Person Other____ Other___ [Other_____ __Other_____ Name: 345 Park Avenue, 41st Floor Name: _____ Manager ∐ Member Address: _____ Address: Authorized Authorized Person Person Other____ Other Other Other __lManager Manager | Name: _____ New York, NY 10154-0101 ☐ Member Address: ____ 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. 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 Gavin McClintock, Authorized Representative

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TIDEKEEPER 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 FOURTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIDEKEEPER LLC"

WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2023.

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

Authentication: 203748386

Date: 07-14-23