F25000000935

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otalio/Elp// Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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WateB-4 AMI2: 13





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over \$, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

CR2E007 (1/19)

COVER LETTER

_	stration Section ion of Corpora				
SUBJECT:	MANAGEMY	, INC.			
Name of corporation - must include suffix					
Dear Sir or M	ladam:				
"Certificate o	f Existence," o	y Foreign Corporati r "Certificate of Goo rporation to transact	d Standir	ng" and check are sub	ct Business in Florida." mitted to register the
Please return	all corresponde	ence concerning this	matter to	the following:	
Taylor Daniel	s				
		Na	me of Pe	rson	
Patton Compli	iance				
		Fir	n/Compa	ny	
3122 Mahan D	Drive. Ste 801-25	0			
			Address		
Tallahassee, F	L 32308				
		City/	State and	Zip code	
taylor@patton	compliance.com				
	15	-mail address: (to be	used for	future annual report r	notification)
For further in	formation conc	erning this matter, p	lease call	:	
Taylor Daniels	s	at (١	591-0092	
Nam	e of Person		a Code	Daytime Telep	hone Number
Regis Divis The C 2415	EET/COURIE stration Section ion of Corpora Centre of Tallat N. Monroe Str hassec, FL 323	nassee eet, Suite 810		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
	eck payable to:	ollowing amount: FLORIDA DEPART. \$78.75 Filing Fee & Certificate of Status	<u>.</u> □ \$	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavaila	able in Florida, enter alternate corporate name a	lopted for the purpose of transacting b	usiness in Florida)
Delaware	3.	92-3188340	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applie	cable)
03/27/2023	5.		
(Date	of incorporation)	(Date of duration, if other than	n perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
101 S. Tryon St.,		2.1 3., to determine penalty habitity)	
	Ste 2700, Charlotte, NC 28280	e street address)	
	,	itter marching	
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	
Name and stree			
	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System		202
Name and street	et address of Florida registered agent: (P.O. C T Corporation System		2025 FE SEAL TALL
Name:	et address of Florida registered agent: (P.O.		2025 FEB - SEALTA
Name:	et address of Florida registered agent: (P.O. C T Corporation System	Box NOT acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name:	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road	Box NOT acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name:	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City)	Box NOT acceptable) , Florida 33324	SECTION OF
Name: ffice Address: Registered age	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation	Box NOT acceptable) Florida 33324 (Zip code)	-4 AM 12:
Name: Tice Address: Registered agaving been namesignated in this	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application. I hereby accept the appointment.	Box NOT acceptable) , Florida 33324(Zip code) e of process for the above stated count as registered agent and agree is	orporation at the plate to act in this capacity
Name: Tice Address: Registered agaving been namesignated in this orther agree to c	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: led as registered agent and to accept service application. I hereby accept the appointment omply with the provisions of all statutes reconstructions.	Box NOT acceptable) , Florida 33324, Zip code) e of process for the above stated count as registered agent and agree is lative to the proper and complete p	orporation at the plate to act in this capacity
Name: Tice Address: Registered aguaring been namesignated in this	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application. I hereby accept the appointment.	Box NOT acceptable) , Florida 33324, Zip code) e of process for the above stated count as registered agent and agree is lative to the proper and complete p	orporation at the plate to act in this capacity
Name: Office Address: Registered aglaving been namesignated in this	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: led as registered agent and to accept service application. I hereby accept the appointment omply with the provisions of all statutes reconstructions.	Box NOT acceptable) , Florida 33324, Zip code) e of process for the above stated count as registered agent and agree is lative to the proper and complete p	orporation at the plate to act in this capacity

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	5		
⊡Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	_ □Vice Chairman	Address:
Director	York, YO24 4HR, UK	_ Director	
□President		_ OPresident	
■Vice President		_ □ Vice President	
Secretary	Treasurer	□Secretary	□Treasurer
□Other	□Other	Other	
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	. □Vice Chairman	Address:
Director		Director	
□President		□President	
□ Vice President		. □Vice President	
□Secretory	☐ Treasurer	□ Secretary	☐Treasurer
Other	Other	Other	□Other
□ Chairman	Name:	□ Chairman — 1	Name:
∃Vice Chairman	Address:	□ Vice Chairman	Address:
Director		Director	
3President		□President	
		□ Vice President	
Secretary	☐ Treasurer	Secretary	□Treasurer
JOther	Other	Other	Other
2.	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Director signing this document (and who is fisted in the significant of the	partment of State Annual Repo	ort form,
.817.155, F.S.	se information submitted in a document to the l	Department of State constitute	the facis stated needs are true and that he or s a third degree felony as provided for in
3. <u>Cuno</u>	MACCIO (Typed or printed name and capacity o	f person signing apolication)	

Page !

Delaware The First State

I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAHARE, DO HEREBY CERTIFY "MANAGEMY, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORFORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2024

AND 1 DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO CATE

AND 1 DO BEREBY FURTHER CERTIFY THAT THE SAID "MANAGEMY, INC."

MAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2023.

AND I PC REREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE

7372864 8300 59# 10244431246

tour may verify this certificate online at zoro dataware government shins

Authentication: 205269642

Date: 12-31-24

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: MANAGEMY, INC.		
001	Name o	of corporation	- must include suffix
Dear Si	r or Madam:		
"Certifi		of Good Stan	Authorization to Transact Business in Florida." ding" and check are submitted to register the ss in Florida.
Please i	return all correspondence concerni	ng this matter	to the following:
Taylor l	Damels		
		Name of	Person
Patton (Compliance		
		Firm/Com	pany
3122 M	nhan Drive. Ste 801-250		
		Addre	ess
Tallaha	ssee, FL 32308		
-		City/State ar	nd Zip code
taylor@	pattoncompliance.com		
	E-mail address:	(to be used fi	or future annual report notification)
For furt	her information concerning this ma	atter, please ca	all:
Taylor I	Daniels	321	591-0092
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	i:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please m	d is a check for the following amounts of the check payable to: FLORIDA DE DO Filing Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida
Delaware	3	92-3188340
(State or country under the law of which it is incorporated)		(FEI number, it applicable)
03/27/2023	5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
)		
101 S. Tryon St		·
	Ste 2700, Charlotte, NC 28280 (Principal offic	e <u>street</u> address)
	(Principal offic	e <u>street</u> address) address, if different)
	(Principal offic	address, if different)
	(Principal offic	address, if different)
3. Name and <u>stree</u> Name;	(Principal offic (Current mailing et address of Florida registered agent: (P.O.	address, if different)
3. Name and street	(Principal office) (Current mailing et address of Florida registered agent: (P.O. C T Corporation System	address, if different)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

C T Corporation System September (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 58 Moorgate	□Vice Chairman	Address:
Director	York, YO24 4HR, UK	□Director	
□President		□President	
■ Vice President		□Vice President	
Secretary	™ Treasurer	C)Scoretary	Treasurer
□Other		Other	Other
□ Chairman	Name:	☐ Chairman	Name:
□Vice Chainnan	Address:	□Vice Chairman	Address:
□ Director		Director	The standard of the state of th
□President		□President	**************************************
□Vice President		□ Vice President	
□ Secretary	□Treasurer	☐ Secretary	☐ Treasurer
Other	□Other	□Other	
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□ Director	
□President		□President	
□ Vice President		□Vice President	****
Secretary	Tronsurer	□ Secretary	□ Treasurer
□ Other		□Other	Other
Important Notice: U individuals may be	se an attachment to report more than six (6). The attach	it of State Annual Rep	ort form.
12.	Signature of Director or	Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
13. GINOS	Maccic (Typed or printed name and capacity of person		