

Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

File No.: 202464417084 Date Filed: 10/31/2024

For Office Use Only

-FILED-

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the					
California Franchise Tax Board each year. For more information, go to					
https://www.ftb.ca.gov/.	This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)					
Office Pride, LLC					
1b. California Alternate Name, If Required (Only enter an alternate name if the LLC name in 1a not available in California.)					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached Certificate of Good Standing.)					
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delaware					
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.					
3. Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)					
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)		Zìp Code	
3450 E Lake Rd Ste 200		Palm Harbor		34685-2411	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box City (no abbrevi		ations)	State CA	Zip Code	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box; 3a 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbrevi	(no abbreviations) State Zip		Zip Cod	e
4. Service of Process (Must provide either Individual OR Corporation.)					
INDIVIDUAL – Complete Items 4a and 4b only: Must include agent's full name and California street address.					
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Cod	e
			CA		
CORPORATION - Complete Item 4c only. Only include the name of the r	egistered agent	Corporation.	<u> </u>		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete Item 4a	or 4b			
Cogency G	lobal Inc.				
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and correct an	nd that I am author	rized to	sign
both	Jeff McMullen				
Signature	Type ar	nd Print Name			
+ a:	* '		2023 Celii	hmie Socre	tany of State



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

DELAWARE, DO HEREBY CERTIFY "OFFICE PRIDE, 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 THIRTIETH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OFFICE PRIDE,
LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2021.

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

e at corn delaware gov/auth

Authentication: 204760572

Date: 10-30-24