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Date: April 25, 2019	Account#: 12000000008
Name: KEN HOWELL	
Reference #:	
Entity Name: 941SG 9	44SO LLC
✓ Articles of Incorporation/Authorization-to-Tr	ansact-Business
Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	KEN:
Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other CERTIFIED.CO	PY UPON FILING"
Authorized Amount: \$155.00	<u> </u>
Signature	



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Date: April 25, 2019		Account#: I20000000088
Name: KEN HOWELL		
Reference #:107446	3	
Entity Name:	941SG 944SO LLC	
		2SS)
Amendment		
☐ Change of Agent		ISSUES? CALL
Reinstatement	·	KEN:
☐ Conversion		518-213-0738
Merger		
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Signature.		\Rightarrow

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: 941SG 944SO LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L L.C." or "LLC.") 2 DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) **UPON QUALIFICATION** (Date first transacted business in Florida, if prior to registration, (See sections 605,0904 & 605,0905, F.S. to determine penalty) 5. 944 SOUTH OCEAN BLVD. 6. 944 SOUTH OCEAN BLVD. (Street Address of Principal Office) (Maihne Address) DEL RAY BEACH, FL 33483 DEL RAY BEACH, FL 33483 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PAUL HETTERICH Name: 944 SOUTH OCEAN BLVD. Office Address: DEL RAY BEACH , Florida 33483 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 agents. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MANAGER PAUL HETTERICH **MANAGER** SUSAN HETTERICH 944 SOUTH OCEAN BLVD. DEL RAY BEACH, FL 33483 944 SOUTH OCEAN BLVD DEL RAY BEACH, FL 3348 (Use attachments if necessary) 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.

PAUL HETTERICH

Typed or printed name of sugget

Page 1



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

DELAWARE, DO HEREBY CERTIFY "941SG 944SO 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 APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "941SG 944SO LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 202707189

Date: 04-25-19