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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

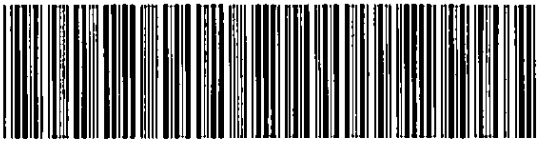
(Business Entity Name)

(Document Number)

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JUN 16 2020

10:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEOSAM CAPITAL US (FLORIDA) LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amber Coleman

Name of Person

Geosam Capital US

Firm/Company

424 Luna Bella Lane, Suite 122

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

acoleman@geosamfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Coleman

386

428-8448

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$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.

1. Geosam Capital US (Florida) 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 Florida. 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)
3. 30-1128798 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 424 Luna Bella Lane, Suite 122 (Street Address of Principal Office)
6. 424 Luna Bella Lane, Suite 122 (Mailing Address)
New Smyrna Beach, FL 32168
New Smyrna Beach, FL 32168

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Amber Lynn Coleman, Esq.
Office Address: 424 Luna Bella Lane, Suite 122
New Smyrna Beach, Florida 32168
(City) (Zip code)

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 agent.

Amber Lynn Coleman
(Registered agent's signature)

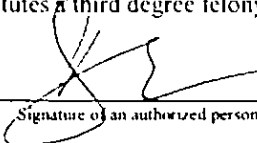
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>George Armoyan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Shahinian</u>
<input type="checkbox"/> Member	Address: <u>145 Hobsons Lake Drive, #400</u>	<input type="checkbox"/> Member	Address: <u>424 Luna Bella Lane, Ste 122</u>
<input type="checkbox"/> Authorized	<u>Halifax B3S OH9 CA</u>	<input type="checkbox"/> Authorized	<u>New Smyrna Beach, FL 32168</u>
Person _____		Person _____	
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Martin Pham</u>	<input type="checkbox"/> Manager	Name: <u>Robert Jeffery</u>
<input type="checkbox"/> Member	Address: <u>424 Luna Bella Lane, Ste 122</u>	<input type="checkbox"/> Member	Address: <u>145 Hobsons Lake Dr., #4</u>
<input type="checkbox"/> Authorized	<u>New Smyrna Beach, FL 32168</u>	<input type="checkbox"/> Authorized	<u>Halifax B3S OH9 CA</u>
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Executive Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Hripsime Armoyan</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>145 Hobsons Lake Dr., #400</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Halifax B3S OH9 CA</u>	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input checked="" type="checkbox"/> Other <u>Corporate Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 s.817.155, F.S.



 Signature of an authorized person

David Shahinian

 Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEOSAM CAPITAL US (FLORIDA) 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 TENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEOSAM CAPITAL US (FLORIDA) LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

7023799 8300

SR# 20205479014

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203084377

Date: 06-10-20