

M22000002323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

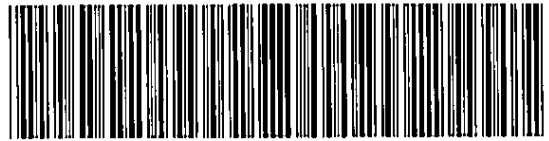
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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S. ROBERTS

FEB 14 2022



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: **February 14, 2022**

Name: **GREG PINTACUDA**

Reference #: **1598207**

Entity Name: **5 SAROSCA HOLDINGS, LLC**

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

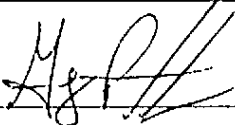
Merger

Dissolution/Withdrawal

Fictitious Name

Other **APON FILING PROVIDE CERTIFIED COPY**

Authorized Amount: **\$155**

Signature: 

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5 Sarosca Holdings, 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:

Mark J. Coleman

Name of Person

JPK Capital Management, Inc.

Firm/Company

228 Park Ave. South, PMB 99312

Address

New York, NY 10003-1502

City/State and Zip Code

mark@jpkcapital.com

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

For further information concerning this matter, please call:

Mark J Coleman

Name of Contact Person

at ( 646 )

Area Code

873-0600

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. 5 Sarosca Holdings, 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 3. 85-1233294  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5 Sarosca Farm Lane 6. 228 Park Ave South  
(Street Address of Principal Office) (Mailing Address)  
Purchase, NY 10577 PMB 99312  
New York, NY 10003-1502

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

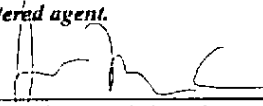
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

  
Jeff Cohen, Assistant Secretary  
(Registered agent's signature)

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2022 FEB 14 AM 9:00  
TALLAHASSEE, FLORIDA

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>Jonathan Poulin</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark J Coleman</u>
<input checked="" type="checkbox"/> Member	Address: <u>Old Trees PH01</u>	<input type="checkbox"/> Member	Address: <u>90 Furman Street</u>
<input type="checkbox"/> Authorized Person	<u>Paynes Bay, St. James</u> <u>Barbados</u>	<input type="checkbox"/> Authorized Person	<u>Apt N1005</u> <u>Brooklyn, NY 11201</u>
<input type="checkbox"/> Other	<u>Other</u>	<input type="checkbox"/> Other	<u>Other</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gian Carlo di Tommaso</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2125 Rue du Chinook</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Montreal, QC H4R 0L6</u> <u>Canada</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<u>Other</u>	<input type="checkbox"/> Other	<u>Other</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<u>Other</u>	<input type="checkbox"/> Other	<u>Other</u>

**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.

Mark J Coleman  
Signature of an authorized person  
Mark J Coleman  
Typed or printed name of signee

# Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "5 SAROSCA HOLDINGS, 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 FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5 SAROSCA HOLDINGS, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2020.

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



  
Jeffrey W. Bullock, Secretary of State