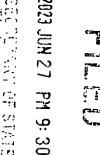
M23000008934

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



06/27/23--01032--003 **160.00



Office Use Only

COVER LETTER

TO:

Senkai Strength, LLC	
	me of Limited Liability Company
	y Company for Authorization to Transact Business in Florida," Certifica re referenced foreign limited liability company to transact business in Flo
e return all correspondence concerning this matter	r to the following:
Scott J. Kaminsky	
.	Name of Person
Senkai Strength	
-	Firm/Company
32 Conshohocken State Road, Apt. E	<u> </u>
	Address
Bala Cynwyd, PA 19004	
	City/State and Zip Code
s.kaminsky@me.com	
E-mail address: (to	be used for future annual report notification)
orther information concerning this matter, please of	call:
Scott Kaminsky	215 704-2600 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 attatia3500, 1 L 32317	Tallahassee, FL 32303

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	and the second denie meet deced blance blacking company,	"L.L.C," or "L		
Delaware		92-3695067 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)			
N/A					
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) pe penalty liability)			
4750 NW 13th Street		32 Conshohocken State Road, Apt. E2			
ect Address of Principal Office)		6. (Mailing Address)			
Gainesville, FL 32609		Bala Cynwyd, PA 19004			
· · · · · · · · · · · · · · · · · · ·	 				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	21		
•	ess of Florida registered agent: (P.O. Box Scott Kaminsky	NOT acceptable)	2023		
	Scott Kaminsky	NOT acceptable)	2023 JUN		
•	_ ,	NOT acceptable)	2023 JUN 27		
Name:	Scott Kaminsky	NOT acceptable)	2023 JUN 27 PH 9:		

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 dgent.

(Registered agent's signatu

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized 1 manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: Scott Kaminsky	□Manager	Name:	
■Member	Address: 4750 NW 13th Street	□Member	Address:	
□Authorized	Gainesville, Florida 32609	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other	<u>_</u>	Other
□Manager	Name:		Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	☐Other	□Other		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 outh 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.

Scott J. Kaminsky

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SENKAI STRENGTH 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-THIRD DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENKAI STRENGTH LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2023.

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

And of the second secon

7425699 8300

SR# 20232842823

Authentication: 203614424

Date: 06-23-23