Ma5000008138

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

Office Use Only

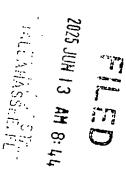


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S. CHATHAM JUN 17 2025





CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FIVF III (K-FACILIT	Y) TRS LLC	,			
	<u> </u>				
					
					
				A a selection	
 		 		Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File L.C. File	
				Fictitious Name File Trade/Service Mark	
				Merger File	
				Art, of Amend, File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement_	
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			√	Cert. CopyPhoto Copy	
				Certificate of Good Standing	101 12 101 12
				Certificate of Status	
				Certificate of Fictitious Name	<u>``</u>
				Corp Record Search	
				Officer Search_	
				Fictitious Search	
0'				Fictitious Owner Search	 -
Signature				Vehicle Search	
				Driving Record	
Requested by:BA				UCC 1 or 3 File	
	6/04/25			UCC 11 Search	
Name	Date	Time		UCC 11 Retrieval	
Walk-In thomasure GA arco	Will Pick Up			Courier	

COVER LETTER

TO: Registration Section Division of Corporations	
FIVE III (K-FACILITY) TRS LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this man	iter to the following:
JACKY VILLALOBOS	
Name of Person	
FILEJET INC.	
Firm/Company	
10440 PIONEER BLVD STE 8	
Address	
SANTA FE SPRINGS, CA 90670	
City/State and Zip Code	
REGISTEREDAGENT@FILEJET.COM	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, pleas	se call:
JACKY VILLALOBOS at (049 259-5955)
Name of Person • A	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 amor	
_	55 Filing Fee & S60 Filing Fee, Tertified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

		City	, · ·	Florida	Zip Code	
New Registered Office Address:	N/A		Enter Florida Stre	117: :		
Name of New Registered Agent:	N/A					
6. If amending the registered agen registered agent and/or the new re	t and/or register gistered office a	ed officer address o ddress here:	n our records, ent	er the name	of the nev	<u>.v</u>
(If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability C	ite name adopted managers or ma ompany," "L.L.	d for the purpose of maging members ad C." or "LLC.")	transacting busing lopting the alterna	ess in Floric te name. Th	da and atta	ch a e name
New name of the limited liabilities.	ity company;	t contain "Limited	Liability Company	y, " "L.L.C	.," or "LL	C.")
SECTION II (5-9 complete only		• • •			再等	+
4. Date authorized to do business	in Florida:	04/2025 			W.C.	à T
3. Jurisdiction of its organization:					AHASSI AHASSI	
2. The Florida document number of	of this limited lia	ability company is:	M25000008138		2025 JUN	_ ~~
Enter new mailing address, if appl (Mailing address MAY BE A POST OFFICE BOX						
		N/A				
(<u>Principal office address</u> MUST BE A STREET ADDRES	<u>s</u>)					_
Enter new principal office address	; if applicable:	N/A	· · · · · · · · · · · · · · · · · · ·			
State: FIVF III (K-FACILITY)						
 Name of limited liability Comp 	bany as it appear	rs on the records of	the Florida Depart	tment of		

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Title/ Capacity	Name	Address	Type of Actio
ITHORIZED REPRESENT ENERAL COUNSEL 	RINAT COHEN	111 RIVER STREET, SUITE 1010	≡ Add
		HOBOKEN, NJ 07030	
MEMBER	YANNAI GORDON	111 RIVER STREET, SUITE 1010	□Add
		HOBOKEN, NJ 07030	= Remo
MEMBER	JORDAN NATHAN	HI RIVER STREET, SUITE 1010	□Add
		HOBOKEN, NJ 07030	Remo
UTHORIZED REPRESENTATIVE. UTHO <u>RIZED M</u> EMBER	ATIVE. YANNAI GORDON	111 RIVER STREET, SUITE 1010	= Add
		HOBOKEN, NJ 07030	Remo
THORIZED REPRESENTA THO <u>RIZED M</u> EMBER	ATIVE. JORDAN NATHAN	111 RIVER STREET, SUITE 1010	S Add
		HOBOKEN, NJ 07030	□Remo
	ificate, if required; no more than 90 mendment(s), duly authenticated by the law of which this entity is organized.	y the official having custody of records in t	the

4

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "FIVF III (K-FACILITY) TRS 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 THIRD DAY OF JUNE, A.D. 2025.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203849485

C. G. Sanchez

Date: 06-03-25

10193080 8300 SR# 20252947616