

B22000000043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

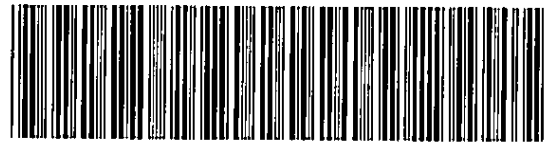
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700377504067

FILED
2022 JAN 24 PM 3:22
STATE OF FL
2022 JAN 24 PM 4:20
TALLAHASSEE, FLORIDA

S. HAWKES

JAN - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

RECEIVED

2022 JAN 26 AM 11:44

January 25, 2022

COGENCY GLOBAL

SUBJECT: SB 5377 PROPCO LP
Ref. Number: W22000007691

We have received your document for SB 5377 PROPCO LP . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Fee to file a Foreign LP is \$1,000.00. Cover page indicated authorized amount of \$125.00

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 322A00001887



COGENCYGLOBAL

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

Date: **January 25, 2022**

Account#: I20000000088

Name: **GREG PINTACUDA**

Reference #: **1556845**

Entity Name: **SB 5377 PROPCO LP**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

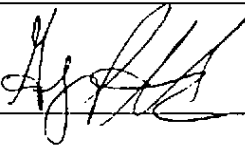
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Keep original filing date
as submission date

Authorized Amount: **\$1,000**

Signature: 

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

SB 5377 PROPCO LP

1. SB 5377 PROPCO LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix.

2. Delaware
State or Country of Formation

3. _____
Date of Formation

4. Federal Employer Identification Number: 87-3621460

5. Name of Registered Agent for Service of Process and Florida Street Address:

COGENCY GLOBAL INC.

115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301

6. 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.

Sheila Carroll
Signature of Registered Agent Sheila Carroll, Asst. Secy.

7. Principal Office:

211 Boulevard of the Americas

Suite 209

Lakewood, NJ 08701

8. Mailing Address:

211 Boulevard of the Americas

Suite 209

Lakewood, NJ 08701

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Abraham Kraus

Name of General Partner: _____

Street Address: 211 Boulevard of the Americas

Street Address: _____

Lakewood, NJ 08701

Mailing Address: 211 Boulevard of the Americas

Mailing Address: _____

Lakewood, NJ 08701

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

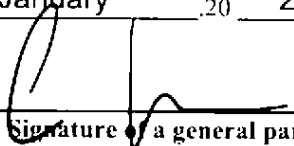
11. **Effective date, if other than the date of filing:** _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 20th day of January, 2022



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SB 5377 PROPCO LP" 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-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SB 5377 PROPCO LP" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

6388060 8300

SR# 20220221053

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

Authentication: 202466409

Date: 01-24-22