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(Req	uestor's Name)	
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(City	/State/Zip/Phone	: #)
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2023 HAR 29 AH II: 58

K. Brumbi#y



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/29/2023	
Name:	Merritt Walker	
	1943971	
	9:	LARRITA INC.
		orization to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
Rein:	statement	
Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized /	Amount: \$70	
Signature: _	mn	<u>. </u>

P: 800.221.0102

F: 800.944.6607

COVER LETTER

TO: Registration S Division of C					
SUBJECT: LARRI	•				
SUBJECT:	Name	of corporation	- must include suffix		
Dear Sir or Madam:					
	nce," or "Certificat	e of Good Stan	Authorization to Transa ding" and check are sub ss in Florida.		
Please return all corre	spondence concer	ning this matter	to the following:		
Lili A. Skrumbis, Paral	egal				
		Name of	Person		
Barnes & Thornburg L	LP				
		Firm/Com	ıpany		
2029 Century Park E, S	Suite 300				
		Addre	ess		
Los Angeles, CA 9006	7				
		City/State a	nd Zip code		
Lili.Skrumbis@btlaw.c	om		•		
	E-mail addre	ss: (to be used f	or future annual report i	notification)	
For further information	on concerning this	matter, please c	all:		
Lili A. Skrumbis		at (310	284-3867) 284-3867 Daytime Telephone Number	
Name of Per	son	Area Cod	e Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for Please make check paya \$70.00 Filing Fee		DEPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &	

· APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	lable in Florida, enter alternate corporate name ad	dopted for the purpose of transacting b	ousiness in Florida	3)
2. Delaware	, I	Pending		
(State or count	ry under the law of which it is incorporated)	Pending (FEI number, if applicable)		
4. 03-23-2023	_ f	Pernetual		
(Dat	e of incorporation)	(Date of duration, if other than	n perpetual)	_
6.				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		1	_
7. 1521 Alton Rd.,	Suite 586, Miami Beach, FL 33139			
(Same)	(Principal office	e <u>street</u> address)	2023 HAR	_
	(Current mailing	address. if different)	IR 29	سد در نسد
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	P	
Name:	Cogency Global Inc.			
Office Address:	115 North Calhoun Street, Suite 4	_	to	ı
	Tallahassee . Florida 32301 (City) (Zip code)			
	gent's acceptance: ned as registered agent and to accept service s application. I berely accept the appointme	ent as registered agent and agree t	to act in this cap	pacity. I
designated in thi further agree to	comply with the provisions of all statutes rel r with and accept the obligations of my posi PJKella—		verjormance of	my auties,

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope ID: 22B95F14-473C-4E84-B190-A34E3C8B0996

A. DIRECTORS				
□Chairman	Name: Zachary Longo	□Chairman	Name:	
□Vice Chairman	Address: 1521 Alton Rd., Suite 586	□Vice Chairman	Address:	
Director	Miami Beach, FL 33139	□Director		
President		□President		
□Vice President		□Vice President		
■ Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director	_	-
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
Important Notice: Individuals may be 12	Use an attachment to report more than six (6). To added to the index when filing your Florida Decomposition. Signature of Dir.	he attachment will be image partment of State Annual Re ector or Officer	d for reporting port form.	purposes only. Non-indexed
The self Conserved	etor signing this document (and who is listed in a			

she 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. 13. Zachary Longo, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LARRITA INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LARRITA INC."

WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2023.

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

Authentication: 202999604

Date: 03-24-23

7370124 8300 SR# 20231137356