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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,  
P.A.  
Account Number : 076424003301 19-1349/DMO  
Phone : (813) 223-7474  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: egood@trenam.com

Foreign Limited Liability Company  
Investment Cupertino, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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JLS  
3-28-19

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. Investment Cupertino, 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 81-1096783  
(Jurisdiction under the law of which foreign limited liability company is registered) 3. (FEI number, if applicable)

4. March 27, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 2502 N. Rocky Point Drive, Suite 1050  
(Street Address of Principal Office)  
Tampa, FL 33607  
6. 2502 N. Rocky Point Drive, Suite 1050  
(Mailing Address)  
Tampa, FL 33607

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

Name: TK Registered Agent, Inc.  
Office Address: 101 E. Kennedy Boulevard, Suite 2700  
Tampa, Florida 33602  
(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.

D. Michael O'Leary  
(Registered agent's signature)

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]:

Title or Capacity:                      Name and Address:  
☒ Manager      Name: John M. Ryan  
☐ Member      Address: 2502 N. Rocky Point Drive, Sui  
☐ Authorized      Tampa, FL 33607  
Person  
☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ Other      ☐ Other

Title or Capacity:                      Name and Address:  
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ 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 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.

  
\_\_\_\_\_  
Signature of an authorized person

John M. Ryan, Manager

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVESTMENT CUPERTINO, 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-SIXTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVESTMENT CUPERTINO, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2015.

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



5787274 8300

SR# 20192276843

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202517897

Date: 03-26-19