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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Account#: I20000000088

Date: September 09, 2020	Account#. 120000000000
Name: KEN HOWELL	
Reference #:1262800	
Entity Name: SOZO INVESTMENT GP	LLC
✓ Articles of Incorporation/Authorization to Transact Busine	ess
Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	KEN:
☐ Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	2
Other ** CERTIFIED COPY AND GOOD STANDIN	G UPON FILING ** 2028
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Authorized Amount: \$160.00	81:118.3
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Signature:	



Sentember 09 2020

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

Account#: I20000000088

Date: Ochtember		
Name: KEN H	OWELL	
Reference #:	1262800	
Entity Name:		ENT GP LLC
✓ Articles of Incorpo	oration/Authorization to Transa	act Business
Amendment		
☐ Change of Agent		ISSUES? CALL
Reinstatement		KEN:
Conversion		518-213-0738
Merger		
☐ Dissolution/Withd	Irawal	
☐ Fictitious Name		
✓ Other**	CERTIFIED COPY AND GOOD	STANDING UPON FILING **
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Authorized Amount:	\$160.00	
Signature:		

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COVERLETTER
COVER
Registration Section Name of Limited Liability Company Name of Limited Liability Company to transact business in Florida. Name of Limited Liability Company for Authorization to Transact Business in Florida. Name of Limited Liability Company for Authorization to Transact business in Florida. Name of Limited Liability Company for Authorization to Transact Business in Florida. Name of Limited Liability Company to transact business in Florida. Name of Person Name of Person
Company of business in Florida:
Registration Section Registration of Corporations Name of Limited Liability Company Name of Limited Liability Company to transact business Name of Limited Liability company to transact business Name of Limited Liability company to transact business
Registron of Corp. Name of Limits Name of Li
Sozo Investment
T: Limited Liability reference
ter to the following
sed "Applicant submittee seeming this matter
sed "Application by Foreign Limited Liabins, references and check are submitted to register the above references and check are submitted to register the above references. The all correspondence concerning this matter to the following: Name of Person Name of Person
m all corresp
Mich
Sozo Investment GP LLC Firm/Company
an Investment C.
Sozo Address Address
Addition Additional Ad
1465 Breakwater Terrace Address
1465 Brea. City/State and Zip Code City/State and Zip Code
City/Star
Hollywood, Florida 33019 City/State and Zip Cost Please call: 753-3684 Payrime Telephone Number Please call: 305 Davrime Telephone Number
info@sozoinvest.com E-mail address: (to be used for 1) To be used for 1)
at (Area Code
For further information co. Kapahi Contact Person Street Address: Section Gerporations
Jusitn Kapahi Name of Contact Person Name of Contact Person Registration Section Registration of Corporations Division of Tallahassee Division of Street. Suite 810
Division of Tallancet, Suite
The Monte 32303
Nailing Added Section sions 2413 hassee. I'll
Division of 6327 P.O. Box 6327
Division 6327 P.O. Box 6327 P.O. Box 6327 Tallahassee, FL 32314
Registro of Corpe Division of Corpe Division of 6327 P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Ta
Certificate of Standard Continue of Standard Contin
Enclosed is check pay Please make check pay Please make check pay S125.00 Filing Fee
\Box \$123.00

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Sozo Investment GP LLC		
30,00	Nat	me of Limited Liability Company	,
The en Exister	nclosed "Application by Foreign Limited Liability nce, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida, e referenced foreign limited liability company to transact busi	" Certificate of iness in Florida.
Please	return all correspondence concerning this matter	to the following:	
	Michael Hanna		
		Name of Person	•
	Sozo Investment GP LLC		
		Firm/Company	-
	1465 Breakwater Terrace		
		Address	-
	Hollywood, Florida 33019		
		City/State and Zip Code	-
	info@sozoinvest.com		
	E-mail address: (to	be used for future annual report notification)	-
For fu	rther information concerning this matter, please of	call:	_
	Jusitn Kapahi	305 753-3684	2020 5.17
	Name of Contact Person	Area Code Daytime Telephone Number	ز ُ
	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	91:11:18
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI \$125.00 Filing Fee \$130.00 Filing I Certificate	EPARTMENT OF STATE	

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Turisdiction under the law of w			
(Jurisdiction under the law of w		2	
	hich foreign limited hability company is organized)	3. (FEI number, if applical	bleT
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determin	egistration.) re penalty liability)	
1465 Breakwater Te		1465 Breakwater Terrace	
et Address of Principal Office)		(Mailing Address)	
Hollywood, Florida 3	33019	Hollywood, Florida 33019	
			2/12/
Name and <u>street addres</u>	es of Florida registered agent: (P.O. Box	NOT acceptable)	2/1/0 5/17 - 9
Name and street address Name:	Secondary of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	
		NOT acceptable)	
Name:	Corporation Service Company	NOT acceptable) 32301	2/120 5> -9 121111118

(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: Title or Capacity: Name and Address: Michael Hanna Name: ____ □ Manager □Manager 1465 Breakwater Terrace Address: ____ **≡**Member ☐Member Hollywood, Florida 33019 ☐ Authorized □Authorized Person Person Other____ □Other _____ ☐ Other_____ □Other Name: Justin Kapahi □ Manager □Manager Name: _____ Address: _____ Address: □Member ☐Member Hollywood, Florida 33019 **■** Authorized ☐ Authorized Person Person Other____ □Other □ Other Other □Manager Name: _____ □Manager Name: □Member Address: Address: ☐ Member □ Authorized □ Authorized Person Person □ Other____ Other____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Michael Hanna Signature of an authorized person

Typed or printed name of signee

Michael Hanna



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

DELAWARE, DO HEREBY CERTIFY "SOZO INVESTMENT GP 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 EIGHTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOZO INVESTMENT GP LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2020.

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

2020 SET - 9 ARTH FO



Authentication: 203615597

Date: 09-08-20

3484243 8300 SR# 20207163885