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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 : (800)221-0102 Phone : (800)944-6607 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company MORABITO CONSTRUCTION LLC

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COVER LETTER

Existence, and check as Please return all corres LES REIT	tion by Foreign Limited Liability C	SQ. Name of Person Firm/Company
Existence, and check as Please return all corres	re submitted to register the above repondence concerning this matter to LIE PASQUALONE MUTINO. ES	eferenced foreign limited liability company to transact business in Flor the following: SQ. Name of Person Firm/Company
I.ES	LIE PASQUALONE MUTINO. ES	SQ. Name of Person Firm/Company
REIN	NHARDT LLP	Name of Person Firm/Company
		Firm/Company
		• •
200	LIBERTY STREET, 27TH FLOO!	• •
200	LIBERTY STREET, 27TH FLOOI	R
	•	Address
NEV	V YORK, NY 10291	
-	Ci	ity/State and Zip Code
LP@F	REINHARDTLLP.COM	
	E-mail address: (to be	used for future annual report notification)
For further information	n concerning this matter, please cal	l:
Leslie Pasqua	alone Mutino	212 710-0970 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Addi Registration Division of P.O. Box 6.	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	e, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(II name unavailable, enter alternate (name adopted for the purpose of transacting business in Florida. I	The alternate name must include "Limited Liability	Company," "L.L. C." or "LLC.	")
DELAWARE 2.		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE) number, if	applicable)	
upon filing			_	
- · 	(Date first transacted business in Florida, if prior to registra (See sections 605 0904 & 605 0905, F.S. to determine pen-	teen) dty liability)		
1691 MICHIGAN AV	ENUE	1691 MICHIGAN AVENUE		
5. Street Address of Principal Office)		6. (Mailing Address)		
SUITE 440		SUITE 440		
MIAMI BEACH, FL 3	3139	MIAMI BEACH, FL 33139		
7. Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box <u>NO</u> MR. VALERIO MORABITO	<u>T</u> acceptable)	ALLAHASSET	T
Office Address:	1691 MICHIGAN AVENUE, SUITE 440		K 5: 43	Ţ
	MIAMI BEACH	33139 , Florida	<u>.</u>	
	(Cny)	(Zip code)		
designated in this applicate to comply with the provis	otance: egistered agent and to accept service of proce- tion, I hereby accept the appointment as reg- ions of all statutes relative to the proper and s of my position as registered agent.	istered agent and agree to act in th	iis capacity. I further	agre

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:
■Manager	Name: Valerio Morabito	□Manager	Name:	
□Member	Address:Address:	□Member	Address:	
□Authorized	SUITE 440	□Authorized		
Person	MIAMI BEACH, FL 33139	Person		
Other	Other	Other		Other .
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□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.

	SHORNIO	
	Signature of an authorized person	
VALERIO MORABITO		
	Typed or printed name of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MORABITO CONSTRUCTION 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 MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORABITO

CONSTRUCTION LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D.

2021.

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





Authentication: 202677926

Date: 03-08-21

4955828 8300 SR# 20210834702