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(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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53/23/21

TO: Registration Section Division Corporations Lake Denham Prosper LLC SUBJECT: Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person		
Geosam Capital			
	Firm/Company		-
424 Luna Bella Lane, Ste 122			
	Address		-
New Smyrna Beach, FL 32168			
	City/State and Zip Code		-
youngt@armcocap.com			
	be used for future annual	report notification)	-
E-mail address: (to	be used for future annual	report notification)	_
E-mail address: (to		report notification)	_
E-mail address: (to	call: 386	report notification) 428-8448	_
	call:		_
E-mail address: (to er information concerning this matter, please Amber Coleman Name of Contact Person Mailing Address:	call: 386 at (428-8448	-
E-mail address: (to er information concerning this matter, please Amber Coleman Name of Contact Person Mailing Address: Registration Section	call: at (Area Code Street Address: Registration Sc	Daytime Telephone Number	_
E-mail address: (to er information concerning this matter, please Amber Coleman Name of Contact Person Mailing Address: Registration Section Division of Corporations	at (Area Code Street Address: Registration Sc Division of Co	Daytime Telephone Number ection orporations	_
E-mail address: (to er information concerning this matter, please Amber Coleman Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	at (Area Code Street Address: Registration Sc Division of Co The Centre of	Daytime Telephone Number ection orporations Tallahassee	_
E-mail address: (to er information concerning this matter, please Amber Coleman Name of Contact Person Mailing Address: Registration Section Division of Corporations	at (Area Code Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	Daytime Telephone Number ection orporations Tallahassee oe Street, Suite 810	_
E-mail address: (to er information concerning this matter, please Amber Coleman Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	at (Area Code Street Address: Registration Sc Division of Co The Centre of	Daytime Telephone Number ection orporations Tallahassee oe Street, Suite 810	
E-mail address: (to er information concerning this matter, please Amber Coleman Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	at (Area Code Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	Daytime Telephone Number ection orporations Tallahassee oe Street, Suite 810	_

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate s	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Co-	mpany " "L.1. C," or "L1 C	
Delaware		•		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if appli	cable)	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration) epenalty liability)		
424 Luna Bella Lane, Suite 122		424 Luna Bella Lane, Suite 122	424 Luna Bella Lane, Suite 122	
reet Address of Principal Office) 6.		6. (Mailing Address)		
New Smyrna Beach, FL 32168		New Smyrna Beach, FL 32168	New Smyrna Beach, FL 32168	
				
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	;	
			į	
Name:	Amber Lynn Coleman, Esq.			
	424 Luna Bella Lane, Suite 122	.		
Office Address:			;	
	New Smyrna Beach	32168 , Florida		

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:	■Manager	Name:
□Member	Address:	□Member	Address: 424 Luna Bella Lane
□Authorized	#400	□Authorized	Ste 122
Person	Halifax B3S OH9, CA	Person	New Smyrna Beach, FL 32168
□Other	Other	Other	
■Manager	Martin Pham	□Manager	Name:
□Member	Address: 424 Luna Bella Lane	□Member	Address:
□Authorized	Ste 122	□Authorized	
Person	New Smyrna Beach, FL 32168	Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
⊒Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	<u> </u>
□Other	Other	□Other	Other

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

DAVID SHAHTNIAN

Typed or printed name of surger



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

DELAWARE, DO HEREBY CERTIFY "LAKE DENHAM PROSPER 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE DENHAM PROSPER LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202515815

Date: 02-15-21



February 6, 2021

AMBER COLEMAN 424 LUNA BELLA LANE STE 122 NEW SMYRNA BCH, FL 32168 US

SUBJECT: LAKE DENHAM PROSPER LLC

Ref. Number: W21000014287

We have received your document for LAKE DENHAM PROSPER LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin Regulatory Specialist II

Letter Number: 821A00002736

RECEIVED