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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

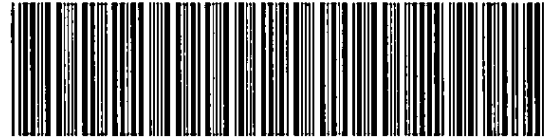
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CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN - 8 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FENTON GROUP LLC

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:

SELENE FENTON

Name of Person

FENTON GROUP LLC

Firm/Company

900 BAY DRIVE, UNIT 122

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

SELENE@CCGROUPNYC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MOORE

646

4560035

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2021 MAY 12 PM 1:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. FENTON GROUP 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. NEW YORK 3. 27-0776610
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MAY 12, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 900 BAY DRIVE 6. 900 BAY DRIVE
(Street Address of Principal Office) (Mailing Address)

UNIT 122 UNIT 122

MIAMI BEACH, FL 33141 MIAMIBEACH, FL 33141

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

Name: SELENE FENTON

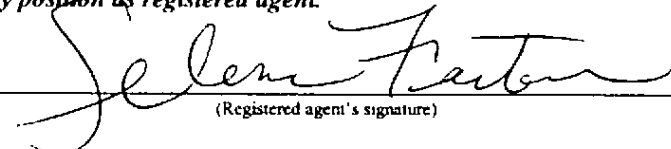
Office Address: 900 BAY DRIVE, UNIT 122

MIAMI BEACH 33141
(City) , Florida (Zip code)

FILED
2021 MAY 12 PM 1:04
NOTARY PUBLIC
STATE OF FLORIDA

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.


(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: SELENE FENTON

☒ Member Address: 900 BAY DRIVE

☐ Authorized UNIT 122

Person MIAMI BEACH, FL 33141

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: BRONWYN FENTON

☒ Member Address: 900 BAY DRIVE

☐ Authorized UNIT 122

Person MIAMI BEACH, FL 33141

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

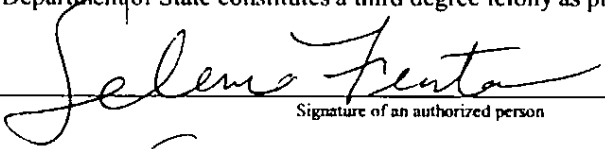
Person _____

☐ 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

Selene Fenton

Typed or printed name of signee

State of New York
Department of State } **ss:**

I hereby certify, that FENTON GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/18/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 08/14/2012.

A Biennial Statement was filed 08/27/2013.

Certificate of Change was filed on 07/27/2015.

Certificate of Change was filed on 05/03/2016.

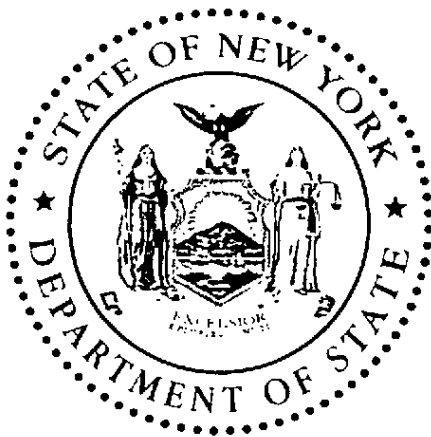
A Biennial Statement was filed 10/14/2016.

A Biennial Statement was filed 08/02/2017.

Certificate of Change was filed on 08/25/2017.

A Biennial Statement was filed 08/05/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of April
two thousand and twenty-one.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State