

M21000007448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

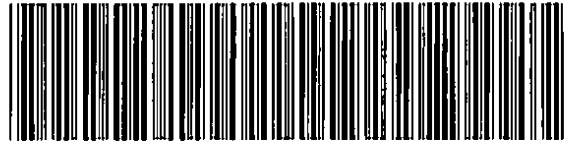
(Business Entity Name)

(Document Number)

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M. SOLOMON



**COGENCYGLOBAL**

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

Date: June 14, 2021

Account#: 120000000088

Name: KEN HOWELL

Reference #: 1397450

Entity Name: ROSEBUD MEZZ 1, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other \*\*\* FILE SECOND \*\*\*

ISSUES? CALL  
KEN:  
518-213-0738

Authorized Amount: \$125-

Signature: [Handwritten Signature]

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40 ST 10 FL  
NY, NY 10016  
800.271.0107  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTERED OFFICE  
6 BEVIS MARKS, 11TH FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITY PLAZA, 12TH FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROSEBUD MEZZ 1, 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:

Ellen Gilmore, Esq.

Name of Person

Greenspoon Marder LLP

Firm/Company

200 E. Broward Boulevard, Suite 1800

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

craig@menin.com

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

For further information concerning this matter, please call:

Ellen Gilmore, Esq.

at ( 954 ) 343-6963

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

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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. ROSEBUD MEZZ 1, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. May 9, 2016  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o MENIN DEVELOPMENT 83  
(Street Address or Principal Office)

6. c/o MENIN DEVELOPMENT  
(Mailing Address)

101 SE 4TH AVENUE

101 SE 4TH AVENUE

DELRAY BEACH, FL 33483

DELRAY BEACH, FL 33483

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

Name: CM RAC, INC.

Office Address: c/o MENIN DEVELOPMENT 101 SE 4TH AVE.

DELRAY BEACH

33483

(City)

. Florida

(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.

(Registered agent's signature)

SECRETARY OF STATE  
JUL 15 2016 12:48 PM

2016 JUN 15 PM 12:48

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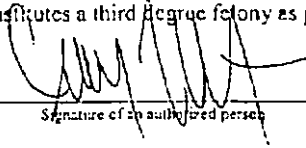
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ROSEBUD CAPITAL, INC.	<input type="checkbox"/> Manager	Name: Jordana Jarjura
<input type="checkbox"/> Member	Address: c/o MENIN DEVELOPMENT	<input type="checkbox"/> Member	Address: c/o MENIN DEVELOPMENT
<input type="checkbox"/> Authorized	101 SE 4TH AVENUE	<input type="checkbox"/> Authorized	101 SE 4TH AVENUE
Person	DELRAY BEACH, FL 33483	Person	DELRAY BEACH, FL 33483
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <sup>VP</sup>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Lori Lucas	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: c/o MENIN DEVELOPMENT	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	101 SE 4TH AVENUE	<input type="checkbox"/> Authorized	_____
Person	DELRAY BEACH, FL 33483	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Craig I. Menin, President, Rosebud Capital, Inc., Manager

Typed or printed name of signer

2021 JUN 15 AM 12:48  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROSEBUD MEZZ 1, 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 FOURTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROSEBUD MEZZ 1, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2021.

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



5993987 8300

SR# 20212434768

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

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

Authentication: 203434915

Date: 06-14-21