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(((H210002676763)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

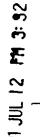
Account Number : I20000000088

Phone

: (800)221-0102

Fax Number

: (800)944-6607



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

mail	Address:	sop@cogencyglobal.com
HILLER	AUUI CSS.	

Foreign Limited Liability Company MeritOak Capital LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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Help



n: Tracy Glumarra '	Fax: 12123791911	To:	Fax: (850) 617-6383 (((H21000267676 3)))	Page: 2 of 5	07/12/2021 3:28 PM
			COVER LETTER		**
TO: Regist	ration Section				
	on of Corporations				
SUBJECT:		Mei	ritOak Capital LLC		
30.00E311		1	Name of Limited Liability Company		
The enclosed "A Existence, and o	Application by Foreign check are submitted to	Limited Liabil register the abo	ity Company for Authorization to Transove referenced foreign limited liability of	act Business in Flori ompany to transact b	ida," Certificate of ousiness in Florida
Please return al	l correspondence conc	erning this matt	er to the following:		
			Matthew Pierson		
			Name of Person		
		М	eritOak Capital LLC		
			Firm/Company		
		550 Ok	eechobee Blvd #MPH-04	4	
			Address		
		West Pa	alm Beach, Florida 3340	1	
		•	City/State and Zip Code		
			erson@meritoak.com		
	É-	mail address: (to be used for future annual report notifi	ication)	
For further info	rmation concerning th	is matter, please	e call:		
	Matthew	Pierson	at (804)	683-2137	
	Name of Co	ontact Person	Area Code Daytir	ne Telephone Numb	er
	ING ADDRESS:			ADDRESS: Corporations	
	on of Corporations ration Section		Registration		

P.O. Box 6327

Tallahassee, FL 32314

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

S125.00 Filing Fee S130.00 Filing Fee & S155.6

30.00 Filing Fee & S155.00 Filing Fee & Certificate of Status

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

S160.00 Filing Fee, Certificate of Status & Certified Copy

From: Tracy Glumarra

(((H21000267676 3)))

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

COMMENTAL TO THE REAL TO	unness in the state of it oriba: MeritOak Ca	nital III C		
1. (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.,"	or "LLC.")	
(Name of Foreign	I Million Blacking Collipsing House House	- <u> </u>		
			at in Austria de Company and I	C n or nl (C n)
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	oda. The atternate name must include	"Limited Liability Company, City	c. of the ,
, [Delaware	3.	(FEI number, if applicable)	
(Jurisdiction under the law of	which foreign limited liability company is organized)	 	(FEI number, if applicable)	
4	(Date from temperated humanics in Floreds, if print to	meretralism)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty liability)		
550 Okeecho	bee Blvd #MPH-04	_{6.} 550 Okeech	nobee Blvd #MP	H-04
	Principal Office)	0	(Mailing Address)	
West Palm Re	ach, Florida 33401	West Palm	Beach, Florida 3	3401
				
			int.	2 52
- 31	CDL-id- universed ensety (B.O. Poy	NOT acceptable)	7.50	FILED 121 JUL 12 PH 3: 07
7. Name and street addre	ess of Florida registered agent: (P.O. Box	(MOT acceptable)	٠٠٠ (٠ ١) مسلم ١٠٠٥ (٠ ١)	128.000
				~ ! □ [***]
Name:	COGENCY GLOBA	AL INC.	ステ 名号	3 m
			inco	یب 🔾
Office Address:	115 North Calhoun St	<u>. Suite 4</u>	근	07
			00004	1
	<u>Tallahassee</u>	, Florida	(Zip code)	
	Cigi		(10)	
Registered agent's acce	ptance: registered agent and to accept service of j	process for the above state	ed limited liability compo	iny at the place
designated in this applic	ation. I hereby accept the appointment a	is registered agent and agi	ree to act in this capacity	r. I further agree
to comply with the provi	sions of all statutes relative to the proper ns of my position as registered agent.	r and complete performan	ce of my duties, and t an	n jamutar wun
and accept the omigano	COGENCY GL	OBAL INC.		
	/s/Jeffrey			
	(Registered agent's Jeffrey Cohen, Ass	- '		
	Jerney Conen, A35	iomin occiciai y		

(((H210002676763)))

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address
Manager	Name: Matthew Pierson	Manager	Name:	<u>. </u>
⊠Member	Address: 550 Okeechobee Blvd #MPH-04	Member	Address:	
Authorized	West Palm Beach, Florida 33401	Authorized		
Person		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. From 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.



(((H21000267676 3)))

To



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MERITOAK CAPITAL 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 TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERITOAK CAPITAL LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2021.

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

Authentication: 203650486

Date: 07-12-21

5939860 8300 SR# 20212680540

You may verify this certificate online at corp.delaware.gov/authver.shtml