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(Re	equestor's Name)	
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJI	INCOM HOLDING GROUP LLC			
CIA		e of Limited Liability Company	_	
The en Exister	iclosed "Application by Foreign Limited Liability nce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact but	a," Certi siness in	ficate of Florida.
Please	return all correspondence concerning this matter t	to the following:		
	ROBERT SANTOS			
	 -	Name of Person	_	
	THE SANTOS FIRM PLLC			
	-	Firm/Company	_	
	PO BOX 622666			
		Address	 -	
	ORLANDO, FL 32862			
	C	City/State and Zip Code	_	
	rsantos@thesantosfirm.com		٠	2021
	E-mail address: (to be	e used for future annual report notification)	- <u>.</u>	<u> </u>
For fur	rther information concerning this matter, please ca	П:		2021 SEP 30
	Robert Santos	407 443-9387 at ()	11	<u> </u>
	Name of Contact Person	Area Code Daytime Telephone Number	-13 <u>-1</u>	
	Mailing Address:	Street Address:		$\overline{\omega}$
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DEL AWARE	name adopted for the purpose of transacting business in Fl	orida The alternate h	and must meade thinned thatthy con	прану, плис, от
DELAWARE	which foreign limited liability company is organized)	3	(FEI number, if appli	
(Jurisdiction under the law of	which foreign limited hability company is organized)		(FE) number, it appli	cable)
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) ne penalty liability)		
20900 NE 30TH AVI	- 8TH FLOOR		AS PHYSICAL	
eet Address of Principal Office)		6(M	lailing Address)	
AVENTURA, FL				•
33180				1, 5
Name:	ss of Florida registered agent: (P.O. Box GODKE LLC	<u>NOT</u> acceptan	ne)	200 200 200 200 200 200 200 200 200 200
	20900 NE 30TH AVE - 8TH FLOOR	· - · - · - · · · · · · · · · · · · · ·		
Office Address:				
Office Address:	AVENTURA, FL		33180 . 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: Name and Address: Title or Capacity: Name: __ Name: _____ □Manager ■ Manager 20900 NE 30TH AVE - 8TH FI Address: Address: □Member □Member AVENTURA, FL 33180 □ Authorized □ Authorized Person Person □Other____ □Other____ □Other_____ □Other_____ Name: _____ Name: _____ □Manager □Manager Address: □Member Address: _____ □Member □ Authorized □ Authorized Person Person Other □Other_____ □Other____ Other__ Name: □Manager □ Manager □ 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. Nonindexed 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. ignature of an authorized person MARCELO GODKE

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INCOM HOLDING 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 SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INCOM HOLDING LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 204103684

Date: 09-08-21

6633593 8300 SR# 20213186599