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(Requestor's Name)	
	Address)	
	Address)	
,	, ida (000)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
	Document Number)	
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Contition Coning	Contification of	Status
Certined Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		

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S. FRANKLIN JAN 2 6 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:01/2	5/2022	
Name: Marc	cel Ogbonna-Amu	
Reference #:	1577884	
	8:28 FLORIDA PRO	PERTIES, LLC
✓ Articles of leading	ncorporation/Authorization to Tran	
Amendmen Amendmen	t	2022
Change of	Agent	ANY ISSUES, CALL MARCEL:
Reinstatem	ent	(518) 213 - 0826
Conversion		ANY ISSUES, CALL MARCEL: (518) 213 - 0826 Thank you!
☐ Merger		3.0
☐ Dissolution/	Withdrawal	
☐ Fictitious N	ame	
Other		
Authorized Amoun	t:\$125.00	
Signature:	Mored of former time	

F: +852.2682.9790

COVER LETTER

TO:

Registration Section

Div	ision of Corporations				
SUBJECT:	8:28 FLORIDA PROPERTIES, LLC				
SOBJECT	Na	me of Limited Liability C	ompany		
	l "Application by Foreign Limited Liability and check are submitted to register the above				
Please return	all correspondence concerning this matter	to the following:			
	Sarah Camara				
	·	Name of Person			
	PRIMIANI, STEVENS & PUNIM, P.C.				
	Firm/Company				
	7700 Irvine Center Drive, Suite 940				
Address					
	Irvine, CA 92618				
	(City/State and Zip Code	<u> </u>	_ ~~	
	scamara@psplawgroup.com	,		2022 JAN 25	وسرور
	E-mail address: (10 h	e used for future annual r	eport notification)	- 7	7 () 2-47-85 2-478
For further in	formation concerning this matter, please ca	all:	Ę.,	O,	49
Sara	h Camara	949 at ()	927-4566	PH 2: 32	
	Name of Contact Person	Area Code	Daytime Telephone Number	ည်	
Mail	ing Address:	Street Address:		, -	
	Registration Section Registration Section		etion		
_	sion of Corporations	Division of Corporations			
P.O.	Box 6327	The Centre of Tallahassee			
Talla	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
		Tallahassee, FL	32303		
Pleas	osed is a check for the following amount: e make check payable to: FLORIDA DEF 25.00 Filing Fee	e & 🛚 🗏 \$155.00 Filing	g Fee & 🔲 \$160.00 Filing Fee,		
				• • Р.	•

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 of Foreign	Limited Liability Company; must include "Limite	d Liability Company	'," "L.L.C.," or "LLC.")			,
(If name unavailable, enter alternate a	ame adopted for the purpose of transacting business in F	lorida. The alternate nai	ne must include "Limited Liab	oility Company," "I.	.I. C," or "I	a.c.ŋ
Delaware						
2, (Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3	(FEI number	, if applicable)		
4						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)				
7700 Irvine Center Driv	ve, Suite 940		ine Center Drive, Sui			
Street Address of Principal Office)		б(<u>Ма</u> і	ling Address)			
Irvine, CA 92618		Irvine, C	CA 92618			
					202	
				•	ال 1	74 (1-4) 74 (1-4)
7)	of the state of th	NOT	,		IN 25	naturalis Periode Periode
/. Name and <u>street address</u>	of Florida registered agent: (P.O. Box	NO I acceptable	e)		-10	, u.r. 5
Name:	COGENCY GLOBAL INC.				H 2: 3	
Office Address:	115 North Calhoun Street, Suite 4	···		7 L	2	
	Tallahassee	, ,	32301 Florida	_		
	(City)	 	(Zip code)			

(Registered agent's signature)

Maria Bautista, Assistant Secretary

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: SARAII CAMARA
□Member	Address: 7700 Irvine Center Drive	□Member	Address: 27700 Irvine Center Drive
□Authorized	Suite 940	■ Authorized	Suite 940
Person	Irvine, CA 92618	Person	Irvine, CA 92618
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	☐Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Mcmber	Address:	□Member	Address:
□Authorized		□Authorized	32
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. 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

SARAH CAMARA

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "8:28 FLORIDA PROPERTIES, LLC" IS DULY

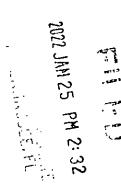
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "8:28 FLORIDA PROPERTIES, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2022.

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





Authentication: 202466641

Date: 01-24-22

6559620 8300 SR# 20220221400