

M22 0000 62291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

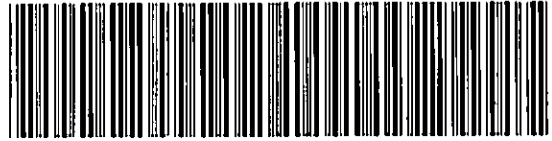
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200380236262

FILED

2022 FEB 11 PM 1:21

RECEIVED

2022 FEB 11 PM 12:00

ALLIANCE FOR

S. FRANKLIN  
FEB 14 2022



**COGENCYGLOBAL**

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

Account#: I20000000088

Date: **February 10, 2022**

Name: **GREG PINTACUDA**

Reference #: **1597276**

Entity Name: **GRAPEFRUIT TESTING LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **APON FILING PROVIDE CERTIFIED COPY**

2022 FEB 11 PM 1:21

FILED

Authorized Amount: **\$155**

Signature: 

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRAPEFRUIT TESTING 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:

Sonny Chatterji

Name of Person

McCormick & O'Brien, LLP

Firm/Company

9 East 40th Street

Address

New York, NY 10016

City/State and Zip Code

schatterji@mcoblaw.com

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

For further information concerning this matter, please call:

Sonny Chatterji

Name of Contact Person

212

Area Code

320-8972

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

2022 FEB 11 PM 1:21

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. GRAPEFRUIT TESTING 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 3. 86-1873811  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 8 Campus Drive 6. 8 Campus Drive  
(Street Address of Principal Office) (Mailing Address)  
Parsippany, NJ 07054 Parsippany, NJ 07054

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

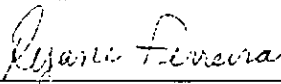
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (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)

FILED  
2022 FEB 11 PM 1:21

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: Christopher Gaeta

☐ Member Address: 8 Campus Drive

☐ Authorized Parsippany, NJ 07054

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

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

☒ Manager Name: Richard Pescatore

☐ Member Address: 8 Campus Drive

☐ Authorized Parsippany, NJ 07054

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

☒ Manager Name: Joseph Cesarine

☐ Member Address: 8 Campus Drive

☐ Authorized Parsippany, NJ 07054

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

☒ Manager Name: Andrew Zalasin

☐ Member Address: 8 Campus Drive

☐ Authorized Parisppany, NJ 07054

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.

DocuSigned by:

*Christopher Gaeta*

E472F9FE4F05403 Signature of an authorized person

Christopher Gaeta

Typed or printed name of signee

2022 FEB 11 PM 1:21

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAPEFRUIT TESTING 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 TENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAPEFRUIT TESTING LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2021.

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

2022 FEB 11 PM 1:21

FILED



  
Jeffrey W. Bullock, Secretary of State

4945394 8300

SR# 20220461645

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

Authentication: 202632888

Date: 02-10-22