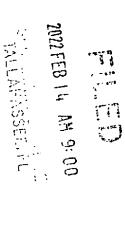
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 February 14, 2022 Name: GREG PINTACUDA 1598207 Reference #:_____ **5 SAROSCA HOLDINGS, LLC** Entity Name:____ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion ☐ Merger ☐ Dissolution/Withdrawal Fictitous Name **APON FILING PROVIDE CERTIFIED COPY** ✓ Other Authorized Amount:

Signature:

+852.3975.1803

COVER LETTER

TO: Registration Section

	n of Corporations
SUBJECT: _	5 Sarosca Holdings, LLC Name of Limited Liability Company
The enclosed "/ Existence, and o	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of theck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return al	correspondence concerning this matter to the following:
	Mark J. Coleman
	Name of Person
	JPK Capital Management, Inc.
	Firm/Company
	228 Park Ave. South, PMB 99312
	Address
	New York, NY 10003-1502
	City/State and Zip Code
	mark@jpkcapital.com E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
	Mark J Coleman <u>at (646 873-0600</u>
	Name of Contact Person Area Code Daytime Telephone Number
Divisi Regisi P.O. E	LING ADDRESS:STREET ADDRESS:on of CorporationsDivision of Corporationsration SectionRegistration Sectionsox 6327Clifton Buildingassec, FL 323142661 Executive Center CircleTallahassee, FL 32301
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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: 5 Sarosca Holdings, 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 Plorida. The alternate name must include "Linated Liability Company," "LLC," or "LLC," 85-1233294 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 228 Park Ave South 5 Sarosca Farm Lane (Mailing Address) (Street Address of Principal Office) PMB 99312 Purchase, NY 10577 New York, NY 10003-1502 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee , Florida (City) 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. Jeff Cohen, Assistant Secretary

(Registered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Mark J Coleman Jonathan Poulin ★ Manager Name: Name: Manager
 90 Furman Street Old Trees PH01 Member Member Address: [X]Member Address: Apt N1005 Paynes Bay, St. James Authorized Authorized Brooklyn, NY 11201 Barbados Person Person Other____ Other ... Other Other Gian Carlo di Tommaso Manager Name: ___ Address: 2125 Rue du Chinook Member Address: Member [Montreal, QC H4R 0L6 ☐ Authorized Authorized Canada Person Person Other____ Other____ Other Other_ Name: _____ 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.

Mark J Coleman

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 "5 SAROSCA HOLDINGS, 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 FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5 SAROSCA HOLDINGS, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2020.

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



Jeffrey W Bulliocs, Secretary of State

Authentication: 202653590