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S. FRANKLIN NOV 1 5 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 103326 7943715

AUTHORIZATION : Office Management

COST LIMIT : \$ 125.00

ORDER DATE: November 7, 2022

ORDER TIME : 9:22 AM

ORDER NO. : 103326-001

CUSTOMER NO: 7943715

## FOREIGN FILINGS

NAME: SYNDICATED CAPITAL PARTNERS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

# COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	SYNDICATED CAPITAL PARTNERS, LLC	
0.013.11	Name of Limited Liabili	ty Company
	osed "Application by Foreign Limited Liability Company for Authore, and check are submitted to register the above referenced foreign I	
Please re	eturn all correspondence concerning this matter to the following:	
	Albert Fusco	
	Name of Person	
	Syndicated Capital Partners, LLC.	
	Firm/Company	~:
	1090 Innovation Ave. Suite#A-129	
	Address	
	North Port FI 34289	
	City/State and Zip Co	ode
	syngroup@live.com	
	E-mail address: (to be used for future ann	ual report notification)
For furth	er information concerning this matter, please call:	
	Albert Fusco 516	428-8432
	Name of Contact Person Area Co	Daytime Telephone Number
	P.O. Box 6327 The Centre	Section Corporations of Tallahassee onroe Street, Suite 810
	· · · · · · · · · · · · · · · · · · ·	FATE Filing Fee &   S160.00 Filing Fee, Certificate of Status & Certified Copy

# 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	TAL PARTNERS, LLC			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate (	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liability C	ompany," "L.L.C," or "LLC,
Delaware 2.		2	32-0378642	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, (Capplicable)		olicable)
1 <b>1-8-2022</b>				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty	ı.) liability)	
1090 Innovation Ave			1090 Innovation Ave	752
(Street Address of Principal Office)		0.	(Mailing Address)	
Suite A129			Suite A129	252712 . 14
North Port, FL 34289	)		North Port, FL 34289	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	<u></u>
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee		32301 , Florida	
	(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.

Corporation Service Company

By:

(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]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
□Manager	Name: Albert Fusco	□Manager	Name:	
■Member	Address: 1090 Innovation Ave	□Member	Address:	
□Authorized	Suite A129	□Authorized		
Person	North Port, FL 34289	Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		7622)
Person		Person		
□Other	Other	□Other		☐Other
				ن
□Manager	Name:	□Manager	Name:	<u> </u>
□Member	Address:	□Member	Address:	
∐Authorized		□Authorized		
Person		Person	•	
□Other	Other	□Other	<del></del>	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.

Alb	ert Fusco	
	Signature of an authorized person	
Albert Fusco		
	Exact or printed pump of clarace	



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

DELAWARE, DO HEREBY CERTIFY "SYNDICATED CAPITAL PARTNERS, 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 NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNDICATED CAPITAL PARTNERS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2012.

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



Authentication: 204809920

Date: 11-08-22

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