## M2300000 1616

(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
[m] [m]
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
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February 6, 2023

COGENCY GLOBAL

SUBJECT: 8300 NW 74TH, LLC Ref. Number: W23000015898

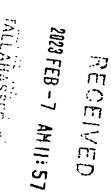
We have received your document for 8300 NW 74TH, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

-STANTON-H-ROBERTS Regulatory Specialist III

Letter Number: 323A00002801





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/07/2023	<del></del>
Name:	Ken Howe	<u> </u>
Reference	#:190468	82
Entity Nam	e:	8300 NW 74TH, LLC
Artic	les of Incorporation/A	Authorization to Transact Business
Ame	endment	
☐ Cha	nge of Agent	
☐ Reir	statement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
✓ Othe	PLEAS	SE RETAIN ORIGINAL FILE DATE OF 2/3/2023 **
Authorized	Amount:\$	5125.00
Signature		

◆ CORPORATE HQ COGENCY GLOBAL INC. 10 E 40™ ST, 10™ FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102

F: 800.944.6607

● EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES.
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	8300 N	NW 74TH, LLC			
	Name of	f Limited Liability Company			
		npany for Authorization to Transact Business in Florida." Certificate carenced foreign limited liability company to transact business in Florid			
Please return al	I correspondence concerning this matter to the	e following:			
	L	LISA HUNT			
		Name of Person			
	FOLEY	& LARDNER LLP			
	F	Firm/Company			
	ONE INDEPENDENT DRIVE, SUITE 1300				
		Address			
		NVILLE, FL 32202			
	City/\$	State and Zip Code			
	_	nperiumcap.com ed for future annual report notification)			
For further info	ormation concerning this matter, please call:				
	Lisa Hunt	904 \ 359-8720			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Division Regist P.O. B	ING ADDRESS: on of Corporations tration Section Box 6327 tassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	sed is a check for the following amount: make check payable to: FLORIDA DEPAR	RTMENT OF STATE			
	25.00 Filing Fee S130.00 Filing Fee Certificate of St	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate			

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIAE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limit	83 ted Liability Company, must	00 NW 74TH, LL include "Limited Liability C	.C ::::::::::::::::::::::::::::::::::::	or "ELC ")			_
				, <u>-</u>			
name mas allable, enter alternate name a	dopted for the purpose of transacti	ing business in Florida. The alter	mate name must include	"Limited Liability C	"ompany," "1, l	l, C," or "l	I,(****)
DEL	AWARE	3					
(Jurisdiction under the law of which fe	reign limited hability company is	organized)	·	(FEI number, if a	pplicable)		_
	(Date first transacted business in l (See sections 605 0904 & 605 08)	Florida, if prior to registration.) 05, F.S. to determine penalty ha	bility (		_		
261 Fifth Avenu	e, Suite 1501	6.	261 Fifth	Avenue, S	Suite 15	01	
(Street Address of Principal Office)		- "-	- (	Mailing Address)			_
New York, N	IY 10016		New	New York, NY 10016			
		_					_
		. <u>-</u>			<del></del> -		
Name and <u>street address</u> of	Florida registered agen	t: (P.O. Box, NOT ac	centable)			2023	
. value and <u>surery address</u> or	Trenda regimenes agen	(1 222, 1202) <u>1 222, 1</u> 10	20,7140707		-	FE8	
	6	Claballaa					<u> </u>
Name:	Cogency	Global Inc.				ယ -	
	115 North Call	noun St. Suite 4			<u>···</u>	<u>=</u>	( <u>,</u> ;;
Office Address:			<del></del>		_	<del></del> 5	
	Taliah	nassee	r:1 · 1	32301	•	9,	
(City)			Florida	(Zip code)	-		

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.

/s/ Ken Howell, Asst. Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorize manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Daniel Glaser Manager 🔲 Name: Manager Name: 261 Fifth Avenue #1501 Address: Member Address: New York, NY 10016 Authorized Person Person Other\_\_\_\_ Other \_JOther\_\_\_ |\_|Other\_\_\_\_ Manager Name: Member Address: Address: \_\_\_\_ \_\_\_ Authorized Authorized Person Person \_|Other\_\_\_\_ \_\_Other\_\_\_\_ Other Other\_\_\_\_ Name: \_\_\_\_\_\_ Manager | | Manager ∐ Member ☐Member Address: ☐ Authorized Authorized Person Person \_\_\_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. Daniel Glaser

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "8300 NW 74TH, 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 SEVENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "8300 NW 74TH,

LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2022.

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



Authentication: 202656563

Date: 02-07-23