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S. ROBERTS MAR - 3 2023



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

Account#: I20000000088

Date:	03/02/2023		
	Merritt W	alker	<u></u>
Reference	#:1929	9707	
			VE INVESTORS TP, LLC
✓ Artic	les of Incorporatio	n/Authorizatio	n to Transact Business
Ame	endment		
☐ Chai	nge of Agent		
Rein	statement		
Con	version		
☐ Merç	ger		
☐ Diss	olution/Withdrawal		
☐ Fictit	tious Name		
 ✓ Othe	er(CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized	Amount:	\$155	
Signature:		шин	

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	er. 850 NW 42nd Ave Investors TP, LLC
3003	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	turn all correspondence concerning this matter to the following:
	Max Sharkansky
	Name of Person
	850 NW 42nd Ave Investors TP, LLC
	Firm/Company
	850 NW 42nd
	Address
	Miami, FL 33126
	City/State and Zip Code
	max@trionproperties.com E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	Adrie Moses-Bailey 646 886-8334
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\frac{1}{2}\$

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	850 NW 42nd Ave	Investors	TP, LLC				
(Name of Forei	gn Limited Liability Company; must include "Lim	ited Liability Cor	npany," "L.L.C.,"	" or "LLC ")			
(If name unavailable, enter alternat	te name adopted for the purpose of transacting business in l	lorida. The alternat	e name must include	e "Lümited Liability Co	эпрапу," "1	L.C," or "LLC."	
2. Unrisdiction under the law or	Deleware f which foreign limited liability company is organized)	3		(Ff;1 number, if applicable)			
4.	April 1 2023						
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter	to registration) mine penalty liabilit	ty)		•		
5	O NW 42nd	6		N San Vicente Blvd., Suite G860			
Miam	ni, FL 33126		West Hollywood, CA 90069				
					-	2023 11	
7. Name and street addi	r <u>ess</u> of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce _l	ptable)			i i -'	
Name:	COGENCY GLOBAL	INC.				F*:11:2	
Office Address	115 North Calhoun St.	Suite 4				CI	
	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.

Alexis Cassidy Alexis Cassidy, 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 authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Max Sharkansky ⊠Manager Name: Name: ____ Address: 700 N San Vicente Blvd ☐ Member Member Address: Suite G860 Authorized Authorized West Hollywood, CA 90069 Person Person Other Other Other____ Other_ Manager Name: _____ Manager Name: ____ Member Address: ∐ Member Address: Authorized Authorized Person Person Other Other Other Other____ __Manager Name: Manager Name: ____ ☐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. Signature of an authorized person Max Sharkansky

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 "850 NW 42ND AVE INVESTORS TP, 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 SECOND DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "850 NW 42ND AVE INVESTORS TP, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2023.

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

Authentication: 202824445

Date: 03-02-23

7327011 8300 SR# 20230848128