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

Account#: 120000000088

Date:	03/02/2023	
	Merritt Walker	
Reference #	#:1929707	
		NW 42ND AVE JVA, LLC
✓ Articl	es of Incorporation/Auth	norization to Transact Business
Amer	ndment	
Char	ige of Agent	
Reins	statement	
Conv	rersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious N ame	
✓ Othe	rCERTIF	FIED COPY OF THE FILING EVIDENCE
Authorized A	Amount: \$18	55
Signature:	iaa i	M.L.

COVER LETTER

TO:

Registration Section

Divisio	n of Corporations					
SUBJECT:	850 NW 42nd Ave JVA, LLC					
	Name of Limited Liability Company					
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica neck are submitted to register the above referenced foreign limited liability company to transact business in Flo					
Please return all	correspondence concerning this matter to the following:					
	Max Sharkansky					
	Name of Person	Florida				
	850 NW 42nd Ave JVA, LLC	er				
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 further infor	nation concerning this matter, please call:					
	Adrie Moses-Bailey at (646) 886-8334 Name of Contact Person Area Code Daytime Telephone Number					
Divisio Registr P.O. Bo	NG ADDRESS: of Corporations tion Section STREET ADDRESS: Division of Corporations Registration Section					
Enclose Please	Tallahassee, Fl. 32301 d is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE 5.00 Filing Fee \$\sum_\$					

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	850 NW 42n	d Ave JVA,	LLC			
(Name of For	eign Limited Liability Company, must include "L	imited Liability Coi	mpany," "L 1, C.,	" or "LLC "]		
Of name unavailable, enter altern	ate name adopted for the purpose of transacting business	in Florida The alternat	te name must includ	e "Limited Liability Compan	y." "L.L.C." or "LLC."	
2. (Jurisdiction under the law	Deleware of which foreign limited hability company is organized)	_ 3	3			
4.	April 1 202					
	(Date first transacted business in Florida, if pt (See sections 605,0904 & 605,0905, F.S. to d	ior to registration.] etermine penalty habili	ity)			
5	O NW 42nd	6	00 N San \	/icente Blvd., S	uite G860	
Miar	mi, FL 33126		West H	ollywood, CA 9	0069	
7. Name and <u>street add</u>	dress of Florida registered agent: (P.O.	Box <u>NOT</u> acce	ptable)		2023 !!	
Name:	COGENCY GLOBA	AL INC.				
Office Addres	ss: 115 North Calhoun S	115 North Calhoun St. Suite 4			H: 28	
	Tallahassee		, Florida	32301		
	(Cny)			(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

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 |X|Manager Name: Manager Manager 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 Manager Member Member Address: Address: Authorized Authorized Person Person Other___ Other____ Other Other___ ∐Manager Name: Manager 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. 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 JVA, 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 JVA, 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: 202824476

Date: 03-02-23

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SR# 20230848168