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(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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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 Walker	<u> </u>						
Reference #:	1929707	<u> </u>						
	850 NW 42ND	AVE INVESTORS, LLC						
✓ Article	s of Incorporation/Authorizatio	n to Transact Business						
Amen	dment							
Change of Agent								
Reinst	atement							
☐ Conve	☐ Conversion							
☐ Merge	r							
☐ Dissol	ution/Withdrawal							
Fictitio	us Name							
✓ Other_	CERTIFIED CO	PY OF THE FILING EVIDENCE						
Authorized A	mount: \$155							
Signature:	mw							

COVER LETTER

TO:

Registration Section

Division	n of Corporations					
SUBJECT:	BJECT: 850 NW 42nd Ave Investors, LLC					
	Name of Limited Lia	bility Company				
		thorization to Transact Business in Florida," Certificate of an limited liability company to transact business in Florida.				
Please return all	correspondence concerning this matter to the following:					
	Max Sharkar	nsky				
Name of Person						
850 NW 42nd Ave Investors, LLC						
	Firm/Company					
	850 NW 42nd					
Address						
	Miami, FL 33126					
	City/State and Zip					
-	E-mail address: (to be used for future					
For further inform	mation concerning this matter, please call:	•				
	Adrie Moses-Bailey at (46 886-8334				
	Name of Contact Person Area	Code Daytime Telephone Number				
MAHING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OI	STATE				
, -	25.00 Filing Fee L_\$130.00 Filing Fee & S	155.00 Filing Fee & S160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN HAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L. C.," or "LLC.")

(If name unavailable, enter alterna	te name adopted for the purpose of transacting business in Flo	rida The a	Itemate name must include	"Limited Liability Compo	any," "L l. C," or "Ll.C.	
<u>2</u> .	Deleware	3.				
(Jurisdiction under the law o	which foreign limited liability company is organized)			(FEI number, if applie	able)	
1	April 1 2023					
··	(Pate first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ne penalty	i) liability)			
850) NW 42nd	700 N San Vicente Blvd., Suite G				
(Street Address	ot Principal Office)	٠.		(Mailing Address)	-	
Mian	ni, FL 33126		West He	West Hollywood, CA 90069		
7. Name and <u>street add</u>	ress of Florida registered agent: (P.O. Box	NOT a	acceptable)		2023	
Name:	COGENCY GLOBAL I	NC.				
Office Address	:115 North Calhoun St. S	uite 4	<u>-</u> _		TH: 30	
	Tallahassee		Florida	32301	30	
	(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.

Menutt Walker, 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: 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: Name: ______ Member [Address: ∐ Member Address: _____ Authorized Authorized Person Person Other Other Other____ Other Manager 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, 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, 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.

Ano of the second secon

Authentication: 202824486

Date: 03-02-23

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SR# 20230848182