

1M23000003466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

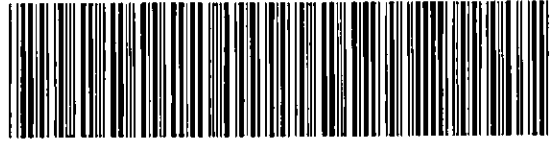
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W23-35643
0635
02976

Office Use Only



800403988048

RECEIVED
2023 MAR 14 PM 4:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2023

COGENCYGLOBAL

SUBJECT: OAKWOOD CAPITAL, L.L.C.
Ref. Number: W23000035643



PROCESSED
2023 MAR 17 PM 2:58
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for OAKWOOD CAPITAL, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 723A00006033



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

Account#: 120000000088

Date: 03/17/2023

Name: Merritt Walker

Reference #: 1910678

Entity Name: OAKWOOD CAPITAL, L.L.C.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

PLEASE RETAIN THE ORIGINAL DATE OF
SUBMISSION, 3/14/2023

Authorized Amount: \$125

Signature: mw

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oakwood Capital, L.L.C.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Theresa Meyler
Name of Person

The Conti Group
Firm/Company

11486 Corporate Boulevard, Suite 190
Address

Orland, FL 32817
City/State and Zip Code

tmeyler@thecontigroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Meyler at (732) 484-2817
Name of Contact Person Area Code Daytime Telephone Number

MAILING 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE 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:

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

Oakwood Capital of FL, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey 3. 04-3600767
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/13/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>11486 Corporate Boulevard</u> (Street Address of Principal Office)	6. <u>11486 Corporate Boulevard</u> (Mailing Address)
<u>Ste 190</u>	<u>Ste 190</u>
<u>Orlando, FL 32817</u>	<u>Orlando, FL 32817</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

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.

Rodney Waller
(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:**

☒ Manager Name: Kurt G. Conti

☒ Member Address: 940 Cape Marco

☒ Authorized Veracruz 1404

Person Marco Island, FL 34145

☐ Other ☐ Other

☐ Manager Name: Cheryl J. Lowe

☐ Member Address: 11 Spruce Mill Lane

☒ Authorized

Person Scotch Plains, NJ 07076

☐ Other ☐ Other

☐ Manager Name: Gina Conti

☒ Member Address: 940 Cape Marco

☒ Authorized Veracruz 1404

Person Marco Island, FL 34145

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Marc J. Hesse

☐ Member Address: 35 Sunset Avenue

☒ Authorized

Person Long Branch, NJ 07740

☐ Other ☐ Other

☐ Manager Name: Austin N. Conti

☐ Member Address: 23 Oldbrook Lane

☒ Authorized

Person New Providence, NJ 07974

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

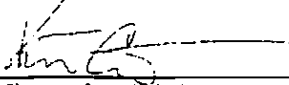
Person

☐ Other ☐ 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.


Signature of an authorized person

Kurt G. Conti

Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

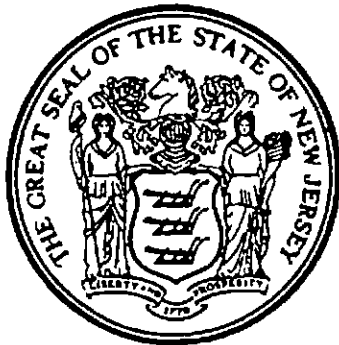
**OAKWOOD CAPITAL, L.L.C.
0600114250**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 07, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**COGENCY GLOBAL INC
316 BERRHILL DRIVE
WILLIAMSTOWN, NJ 08094**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of March, 2023*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6141178537

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp