M23000003860

. (Req	uestor's Name)	· · · · · ·
(Add	ress)	
(Ada	ress)	
(City.	/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busi	iness Entity Name)	
(Doc	ument Number)	
2 Copies	Certificates of	Status
. al instructions to Filing	g Officer.	

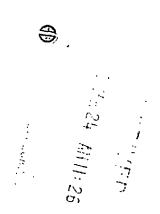
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MAR 27 2023 K. Brumbley



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

Account#: I20000000088

Date:	03/24/2023			
Name:	Jennifer Bialowas			
Reference #	1941727			
		OB PARTNERS, LLC		
✓ Article	es of Incorporation/Authoriz	zation to Transact Business	i.	
☐ Amer	ndment			
Chan	ge of Agent			_
Reins	statement		File	First
Conv	ersion			
Merg	er			
☐ Disso	olution/Withdrawal			
Fictiti	ous Name			
✓ Other	Upon filing please	provide a certified copy and	d good stan	ding
Authorized A	Amount: 160.00			
Signature: _		- 		

COVER LETTER

TO:	Registration Section Division of Corporations				
euni	n Crn.	Alibob Pa	tners, LLC		
SUBJ	ECT:	Name of Lin	nited Liability C	ompany	
The en Existe	nclosed "Application by Foreign Limi ence, and check are submitted to regis	ted Liability Companier the above reference	y for Authorizat ed foreign limite	tion to Transact Business in Florida." ed liability company to transact busin	Certificate of ess in Florida.
Please	return all correspondence concerning	g this matter to the fol	lowing		
		Alicia [Del Guercio		
		Nam	e of Person		
		Firm	/Company		
		13015 Jer	ome Jay Dri	ve	
			Address		
		Cockeysv	lle, MD 210	30	
		City/Stat	e and Zip Code		
			@verizon.ne		
	E-mail a	address: (to be used to	or future annual	report notification)	
For fu	arther information concerning this mat	ter, please call:			
	Alicia Del Gue	ercio	410	241-2298	
	Name of Contact		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, F1, 32301	
	Enclosed is a check for the following Please make check payable to: FL \$125.00 Filing Fee S1	ing amount: ORIDA DEPARTM 30 00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & \$160.00 Filing Fed Copy of Status & Cert	

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

IN COMPLANCE WITH SECTION (05:0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1,			rtners, LLC					
	(Name of Foreign Lim	ated Liability Company: must include "Li	mited Liability Com	pony," "L.L.C.,"	or "LLC.")			
(If nume	unavailable, errer alternate ismic	adopted for the purpose of transacting business i	n Honda The alternate	name must include	"Limited Finbility C	lompany," *L	.lC." or	"LIC.")
2		elaware	3		13-403631		•	
(,,,						,,		
4		(Date first transacted business in Florida, if pro- i Sec sections 605 0904 & 505 0905, F.S. to de-	or to registration (termine penalty liability)				
5.	TAG Assoc	ciates LLC	6	C/O A	licia Del G	uercio		
.). <u> </u>	(Street Address of Princ	mousi (titice)		(Mailing Address)				
	810 Seventh	Ave, 7th Fl		13015	Jerome Ja	y Drive		
	New York,	NY 10019		Cocke	ysville, ME	21030)	
7. Na	une and street address o	f Florida registered agent: (P.O. I	30x <u>NOT</u> accep	table)		. •	2023 HAR 24	
	Name [.]	Cogency Global Ir	ne,	_			HW 4	
Office Address:		115 North Calhoun St.	Suite 4	_		÷ .	H II: 26	<u>. </u>
		Tallahassee		, Florida	32301			
	_	(Cav)			(Zip wide)			

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.

(Registered opera's vaguature)

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:
Manager	Name: Alicia Del Guercio	Manager	Name. Robert D. Kunisch Jr
× Member	Address 13015 Jerome Jay Drive	⊠ Member	Address. 237 Waterways Ave
Authorized	Cockeysville, MD 21030	Authorized	PO Box 1124
Person		Person	Boca Grande, FL 33921
Other	Other	Other	O1her
Manager	Name	∐ Manager	Name:
Member	Address:	Member	Address.
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
<u>J</u> Manager	Name:	Manager	Name:
_]Member	Address	Member	Address:
Authorized		Authorized	
Person		Person	
Other	(Other	Other	Other

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.

Alleria Lallywelle Signature of	MANUALA	Menbes
Signature of	an authorized person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	el buciaso	
Alicia K. D	,	-4464WE/

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALIBOB PARTNERS, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIBOB PARTNERS, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 1998.

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

Authentication: 202991447

Date: 03-23-23

2976644 8300 SR# 20231123614