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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 March 31, 2023 Date:\_ **James Brodbeck** Name:\_ 1943422 Reference #:\_\_ **TARPON TOWERS IV, LLC** Entity Name:\_\_\_\_\_ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion ☐ Dissolution/Withdrawal Fictitous Name Other Authorized Amount:

Signature:

+852.3975.1803

## COVER LETTER

 $(-1)^{-1} = (0, -1)^{-1} = (0, -1)^{-1}$ 

Name of Lineaclosed "Application by Foreign Limited Liability Comparence, and check are submitted to register the above reference.	mited Liability Cor	
		mpany
e return all correspondence concerning this matter to the fo	llowing:	
Gai	l Buteau	
Nam	ne of Person	
Tarpon T	owers IV, LLC	•
Firm	n/Company	
8916 77th To	errace East #1	103
,	Address	-
Lakewood F	Ranch, FL 342	02
City/Stat	e and Zip Code	
gbuteau@ta E-mail address: (to be used fo	rpontowers.co	
urther information concerning this matter, please call:	or ruture annual re	рон поинсацон)
	at ()	757-5010 x107
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:		TREET ADDRESS:
Division of Corporations Registration Section		hivision of Corporations egistration Section
P.O. Box 6327		lifton Building
Tallahassee, FL 32314	26	661 Executive Center Circle allahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

					H and 1 1 12 22
me unavailable, enter alternate name		ing business in Florida. The alter			ıy," "L.L.C," ar "
	DE	3	92-2926981		
(Jurisdiction under the law of which)	foreign limited liability company is	organized)		(FEI number, if applica	ble)
	03/1	5/2023			
	(Date first transacted business in (See sections 605 0904 & 605 09	Florida, if prior to registration ) 05, F.S. to determine penalty liab	bility)		
8916 77th Terrace East #103 (Street Address of Principal Office)		6.	8916 77t	h Terrace Eas	t #103
		- 0	(	Mailing Address)	
Lakewood Ran		Lakewood Ranch, FL 34202			
-				•	262
		· _			
Jame and <u>street address</u> of	l'Florida registered agen	t: (P.O. Box <u>NOT</u> acc	ceptable)		
Name:	Cogency	Global Inc.			
Office Address:	115 North Calhoun St. Suite 4		<del></del>		
	Tallah	nassee	, Florida	32301	
_	(City)			(Zip code)	

/s/ Eric Hood

(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: Brett Buggeln Name: ■Manager Name: Address: \_\_\_\_\_\_8916 77th Terrace East #103 Member Member Address: Lakewood Ranch, FL 34202 Authorized Person Person Other\_\_\_\_ \_\_\_\_\_Other \_\_\_\_\_\_ Other Other \_\_\_ Gail Buteau ∐ Manager Manager Name: Name: Address: 8916 77th Terrace East #103 Member Address: Lakewood Ranch, FL 34202 Authorized Authorized Person Person \_\_\_\_Other\_\_\_\_\_ Other Other Other Name: \_\_\_\_\_ Manager Manager Name: \_\_\_\_\_ [ | Member Member Address: \_\_\_\_ 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 Gail Buteau, President

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "TARPON TOWERS IV, 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 THIRTIETH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TARPON TOWERS IV, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2023.

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

at core delaware soviation

Authentication: 203044698

Date: 03-30-23

7351348 8300 SR# 20231229530