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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
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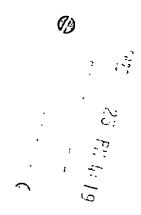
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APPROVED AND FILED



JUL 2 4 2023 K. Brumbley



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

Account#: 120000000088

Date:	07/25/2023			
	Chris Vick	_		
Reference #:	2072076	_		
Entity Name:	INLET COVE INVE	STMENT GROUP, LLC		
✓ Article	s of Incorporation/Authorization	to Transact Business		
Amend	dment			
☐ Change of Agent				
☐ Reinst	atement			
Conve	ersion			
☐ Merge	er			
☐ Dissol	ution/Withdrawal			
Fictitio	ous Name			
✓ Other	CERTIFIE	D COPY UPON FILING		
Authorized A	mount: \$155.00			

COVER LETTER

TO:	egistration Section ivision of Corporations			
SUBJE	In let Covie I westmen ti Görap "LL C			
30032	Name of Limited Liability Company			
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certification and check are submitted to register the above referenced foreign limited liability company to transact business in Fl			
Please i	rn all correspondence concerning this matter to the following:			
	Kevin Covel!			
	Name of Person			
	InletCove Investment Group, LLC			
Firm/Company				
1 Pilarsky Way				
	Address			
	Aliquippa, PA 15001			
	City/State and Zip Code			
	DMullaney@adeptuscpas.com			
	E-mail address: (to be used for future annual report notification)			
For fur	r information concerning this matter, please call:			
	Jordan Kart at 732 745-8800			
	Name of Contact Person Area Code Daytime Telephone Number			
	AILING ADDRESS: Division of Corporations egistration Section O. Box 6327 Clifton Building Allahassee, FL 32314 Clifton Building Callahassee, FL 32301 Clifton Building Callahassee, FL 32301			
	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\sum_{\text{S130.00 Filing Fee}} \text{\$\sum_{\text{S155.00 Filing Fee}} \text{\$\sum_{\text{S160.00 Filing Fee}} \text{\$\cong Certificate of Status} \text{\$\cong Certified Copy} \text{\$\sum_{\text{of Status}} \text{\$\cong Certified Copy} \text{\$\sum_{\text{S160.00 Filing Fee}} \text{\$\cong Certified Copy} \$\sum_{\text{S160.00 Fi			

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: Inlet Cove Investment Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "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.") 93-2547045 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI mumber, if applicable) (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 115 North Calhoun St. Suite 4 115 North Calhoun St. Suite 4 (Street Address of Principal Office) (Mailing Address) Tallahassee, FL 32301 Tallahassee, FL 32301 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee , Florida 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. Meronica Regular As (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: Name and Address: Title or Capacity: Frank Santoro Kevin Covell Name: Manager Name: Manager Manager 1 Pilarsky Way 1 Pilarsky Way Member 1 Address: Address: Aliquippa, PA 15001 Aliquippa, PA 15001 Authorized ___Authorized Person Person Other __ Other Other_____ Other Name: _____ Name: _____ ■ Manager 「 | Member Address: ☐ Member Address: ______ Authorized Authorized Person Person Other Other Manager Manager Member Address: Address: Authorized _ Authorized Person Person . _ JOther____ 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. **Kevin Covell**

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "INLET COVE INVESTMENT GROUP, 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-FIFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INLET COVE INVESTMENT GROUP, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2023.

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



Authentication: 203818671

Date: 07-25-23