

9/14/23, 2:32 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
STRATEGIC GROWTH OPPORTUNITIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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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. Strategic Growth Opportunities, LLC

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

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(EIN number, if applicable)

UPON FILING

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S., to determine penalty liability)

40 Se 5th Street Suite 405

40 Se 5th Street Suite 405

5. (Street Address of Principal Office)

6.

(Mailing Address)

Boca Raton, FL 33432

Boca Raton, FL 33432

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

Name: Brian Lombardi

Office Address: 40 Se 5th Street Suite 405

BOCA RATON

33432

Florida

(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 as 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.

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By:

(Registered agent's signature)

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2023 SEP 14 PM 5:58
TALLAHASSEE
SECRETARY OF STATE

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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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name <u>Christopher Norton</u>	☐ Manager	Name <u>Brian Lombardi</u>
☐ Member	Address <u>40 Se 5th Street Suite 405</u>	☐ Member	Address <u>40 Se 5th Street Suite 405</u>
☐ Authorized	<u>BOCA RATON, FL 33432</u>	☐ Authorized	<u>BOCA RATON, FL 33432</u>
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u></u>	☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u></u>	☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
☐ Other	☐ Other	☐ 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.

Brian Lombardi

45-2025-1450434

Signature of an authorized person

Brian Lombardi

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRATEGIC GROWTH OPPORTUNITIES, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "STRATEGIC GROWTH OPPORTUNITIES, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATEGIC GROWTH OPPORTUNITIES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2023.

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



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SR# 20233494141

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 204164533

Date: 09-14-23