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(Address)

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(City/State/Zip/Phone #)

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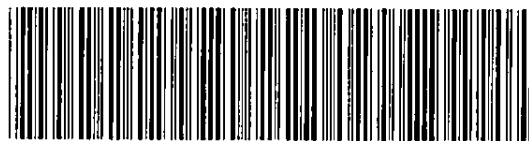
(Business Entity Name)

(Document Number)

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2023 NOV 17 PM 12:25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2023

K. Brumley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROVE LOOP, LLC
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:

ALAN REED, CPA

Name of Person

THE REED CORPORATION

Firm/Company

10 FIELDSTONE DRIVE

Address

EASTON, CT 06612

City/State and Zip Code

ALANREED@ABRCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN REED at (800) 986-0101

Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. ROVE LOOP, 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.")

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4816487
(FEI number, if applicable)

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

5. 14 MAIN STREET, SUITE 1
(Street Address of Principal Office)

6. 10 FIELDSTONE DRIVE C/O REED CPA
(Mailing Address)

EAST HAMPTON, NY 11937

EASTON, CT 06612

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

Name: HUBCO REGISTERED AGENT SERVICES, INC.

Office Address: 155 OFFICE PLAZA DR, 1ST FL

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.


(Registered agent's signature)

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AND
FILED
2023 NOV 17 PM 12:25

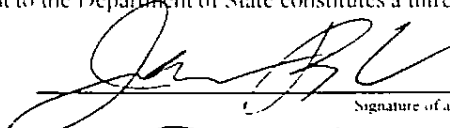
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JACK BRINKLEY-COOK	<input type="checkbox"/> Manager	Name: GIANPAOLO DE FELICE
<input checked="" type="checkbox"/> Member	Address: PO BOX 599	<input checked="" type="checkbox"/> Member	Address: 54 HEDGES BANKS DR
<input type="checkbox"/> Authorized	Address: SAG HARBOR, NY 11963	<input type="checkbox"/> Authorized	Address: EAST HAMPTON, NY 11937
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: JAKE SOSNE	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 780 GREENWICH STREET	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Address: NEW YORK, NY 10014	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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
Jack Brinkley-Cook

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ROVE LOOP, LLC
DOS ID Number:	5713194
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/21/2020
Statement Status:	CURRENT
Statement Due Date:	02/29/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on October 30, 2023 at 02:31 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



A handwritten signature in black ink that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004569045 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>