# M2300014969

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
City	y/State/Zip/Phone #)	
(Cit)	y/State/Zip/Priorie #)	
PICK-UP	WAIT	MAIL
(But	siness Entity Name)	
(Do	ournant Number	
(00)	cument Number)	
tified Copies	Certificates of	f Status
pecial Instructions to Filin	ng Officer:	
· ·		

Office Use Only



600418604736

2023 NOV 27 PM 3: 56 SECRETARY OF STATE

RECEIVED

### **CT CORP**

#### (850) 656-4724 3558 lakesore Drive

Tallahassee, FL 32312

11/27/2023

D	Acc#120160000073
	Acc#I20160000072
Name:	FOCAL VENTURES LLC
Document #:	
Order #:	15233784
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	Country of Destination:
Certification:	Number of Certs:
Filing: 🗸	Certified:   Plain:   COGS:   Email Address for Annual Report Notification:  Sydney & focal. VC
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 155.00

Thank you!

Registration Section

TO:

#### COVER LETTER

JECT:	Name	of Limited Liability Company
enclosed "Applic tence, and check	ation by Foreign Limited Liability C	ompany for Authorization to Transact Business in Florida," Certifica eferenced foreign limited liability company to transact business in Flo
se return all corre	spondence concerning this matter to	the following:
Sy	dney Wasikowski	
		Name of Person
Fo	cal Ventures LLC	
		Firm/Company
88	Biscayne Blvd Apt 5507	
<del></del>		Address
Mi	ami, FL 33132	
	Cit	y/State and Zip Code
sydn	ey@focal.vc	
	E-mail address: (to be	used for future annual report notification)
further information	on concerning this matter, please call:	:
Sydney Wa	sikowski	717 580-9368 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
	sion of Corporations Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee
Tallahasse	e, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

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

			<del></del>
iame unaviolable, enter alternate na	ime adopted for the purpose of transacting business in Fl	forida. The alternate name must include "Limited	I Liability Company," "L. L. C." or "LLC
Delaware		38-3923795 3.	imber, if applicable)
(Jurisdiction under the law of wh	nch foreign limited hability company is organized)	(FEI no	imber, if applicable)
October 3, 2023			
-	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) the penalty liability)	<del></del>
888 Biscayne Blvd Apt		6. (Mailing Address)	507 (A 😭
eet Address of Principal Office)	<del></del>	(Mailing Address)	منب
Miami, FL 33132		Miami, FL 33132	- R - T - T - T - T - T - T - T - T - T
			765 <b>- 18</b>
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	三年 5
Name:	C T Corporation System		,,,
Name: Office Address:	C T Corporation System  1200 South Pine Island Road		,,,
		33324 Florida	, , ,
	1200 South Pine Island Road	Florida (Zip code	<u> </u>

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]:

Name and Address:	Title or Capacity:	
Name: Daniel Darling	Manager	Name: Pascal Unger
Address: 888 Biscayne Blvd Apt 5507	⊠Member	Address: 888 Biscayne Blvd Apt 5507
Miami, FL 33132	□Authorized	Miami, FL 33132
	Person	
Other	Other	Other
Name:	□Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
Other	□Other	□Other
Name:	□Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
Other	Other	Other
may be added to the index when filing your F ificate of existence, no more than 90 days old, ie law of which it is organized. (If the certificast be submitted) is executed in accordance with section 605.020 ment to the Department of State constitutes a the	lorida Department of State duly authenticated by the te is in a foreign language (1) (b), Florida Statutes aird degree felony as proving the control of the	e Annual Report form.  cofficial having custody of records in the e, a translation of the certificate under oath.  Lam aware that any false information
FA1EA1132/48433. Signature	ot an authorized person	
	Name:    888 Biscayne Blvd Apt 5507	Name: Manager Manager Manager Miami, FL 33132 Authorized Person Other Manager Address: Manager Manager Address: Manager Mathorized Person Other Manager Address: Manager Manager

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "FOCAL VENTURES 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-FIRST DAY OF NOVEMBER, A.D. 2023.

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

A COLUMN TO THE PARTY OF THE PA

Authentication: 204646008

Date: 11-21-23