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(F	Requestor's Name)	
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(<i>F</i>	Address)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Fi	iling Officer:	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Nate:	12/19/2023	Account#: I20000000088 For any issues please contact Xavian Brown
	Xavian Brown	518-213-0739
	2212968	
	me: 212 MARINE & G	SENERAL, LLC
	icles of Incorporation/Authorization to Tr	ransact Business
	ange of Agent	
☐ Rei	instatement	
Cor	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
☐ Oth	nerMPlease provide a ce	rtified copy upon filing
Authorized	d Amount: \$155.00	_
Signature	×171-	

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJI	212 MARINE & GENERAL, LLC	
SUBJI	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl	
Please	turn all correspondence concerning this matter to the following:	
	Ralph Barbieri	
	Name of Person	
	Firm/Company	
	320 East 53rd St., Suite 100	
	Address	
	New York, NY 10022	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
	Ralph Barbieri 203 490-0366	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Co	

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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1		212 MARINE	& GENERAL,	LLC				
٠.	(Name of Foreign Lir	nited Liability Company; must include	"Limited Liability Comp	oany," "L.L.C.,"	or "LLC,")			
(If	name maspilable, enter alternate name	adopted for the purpose of transacting busine	ss in Florida. The alternate i	name must include	"Limited Liability	Company," "I	LLC." or	"LLC ")
(Montana					,	,
2.		n foreign limited liability company is organized	3	(FEI mumber, if applicable)				
4.		(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to	prior to registration.) determine penalty liability	<u> </u>				
,	3011 American Way (Street Address of Principal Office)		6.	P.(O. Box 16	5270		
5.			o	(Mailing Address)			
	Missoula,	MT 59808		Miss	oula, MT	59808	2	
						-	<u>1</u> 023 DE 0	
							<u>)</u>	 . }
_		cm i i i i i i i i	NOT .				19	문살
7.	Name and street address	of Florida registered agent: (P.C	o, Box <u>NOT</u> accept	able)			PH	;=i' <u>;</u> i
	Name:	Cogency Global	l Inc.				ල ව	
	Name.			_			9	
	Office Address:	115 North Calhoun S	St. Suite 4	_				
		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.

Ashley Cepin, Asst. Secretary

(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 a	and Address:
⊠Manager	Name: Jason Murgio	Manager Manager	Name:	
⊠Member	Address:128 Victoria Bay CT	☐ Member	Address:	
Authorized	Palm Beach Gardens, 33418	Authorized		
Person		Person		
Other	Other	Other		er
☐Manager ☑Member ☐Authorized Person ☐Other	Name: Ralph Barbieri Address: 320 East 53rd St Suite 100 New York, NY 10022	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:	
☐Manager ☐Member ☐Authorized	Name:	☐ Manager ☐ Member ☐ Authorized	Name:	
Person		Person		
Other	Other	Other	Oth	er

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.





CERTIFICATE OF EXISTENCE

I. CHRISTI JACOBSEN. Secretary of State for the State of Montana. do hereby certify that:

212 MARINE & GENERAL, LLC

duly filed its Articles of Organization for Domestic Limited Liability Company in this office on May 9, 2023, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 15th day of December, 2023.

Christi Gaestian

Christi Jacobsen

Montana Secretary of State

Certificate Number: 48350229