

M230000/5856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

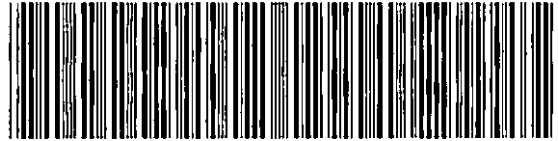
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOTICE TO CREDITORS

15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVESTCO CONSULTANTS 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:

CHARLES K ROBERTSON

Name of Person

CHARELIZ TRANSPORT LLC

Firm/Company

5845 OLIVOS DR

Address

CORAL GABLES, FL 33156

City State and Zip Code

CKROB2008@GMAIL.COM

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

For further information concerning this matter, please call:

CHARLES ROBERTSON

876

869-9380

at (

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. INVESTCO CONSULTANTS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. CAYMAN ISLANDS 3. NA
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

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

5. 68 FORT ST, BOX 31726 6. HSM CORPORATE SERVICES
(Street Address of Principal Office) (Mailing Address)

GRAND CAYMAN KY1-1207 68 FORT ST, BOX 31726

CAYMAN ISLANDS GRAND CAYMAN KY1-1207 C.I.

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

Name: CHARLES K ROBERTSON

Office Address: 5845 OLIVOS DRIVE

CORAL GABLES 33156
(City) Florida (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.

Charles K Robertson
(Registered agent's signature)

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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:

☒ Manager Name: Charles K Robertson

☐ Member Address: 5845 Olivos Dr

☐ Authorized Coral Gables, FL 33156

Person

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Joanne E Robertson

☒ Member Address: 5845 Olivos Dr

☐ Authorized Coral Gables, FL 33156

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

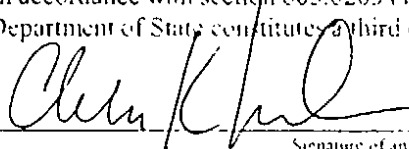
Person

☐ 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.



Signature of an authorized person

CHARLES K ROBERTSON

ANNUAL RETURN AND DECLARATION for 2023

PURSUANT TO SECTION 168 & 169 OF THE COMPANIES LAW (AS REVISED)

CAYMAN ISLANDS

EXEMPTED COMPANY

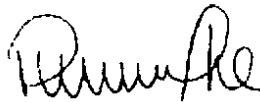
Name	InvestCo Consultants Ltd.
Registration Number:	138656
Registered Office	68 Fort Street, PO Box 31726, George Town, Grand Cayman, Cayman Islands
Annual Fee	USD853.66

We, HSM Corporate Services Ltd. in our capacity as an authorized representative of the above-named company, do hereby declare as follows:

1. Since the previous return or since registration as the case may be, there has been no alteration in the memorandum of association, other than an alteration in the name of the company effected in accordance with section 31 or an alteration already reported in accordance with section 10;
2. The nature of business of the exempted company is Dormant.
3. The operations of the exempted company since the last return have been mainly outside the Islands; and
4. Section 174 has been and is being complied with.

Dated this 14-Nov-2023

PER:



Patrice Boothe
Authorized signatory on behalf of
HSM Corporate Services Ltd.

