M24000005916

(Requestor's Name)
(Address)
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(identity
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W24-71448

Office Use Only



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2024 NEY - 7 PH 2: 00

RECEIVED

MAY 08 2024 K. Brumbley



May 7, 2024

COGENCY GLOBAL

SUBJECT: MARLIN JV VII, LLC Ref. Number: W24000071448

We have received your document for MARLIN JV VII, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This appears to already be filed on 3/27/24 with document number M24000004015.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY Regulatory Specialist II Supervisor

Letter Number: 324A00010019

Jease Jease



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:05	5/06/2024	
	Patrice Rush	<u> </u>
	2364258	<u></u>
Entity Name:	MARI	IN JV VIII, LLC
✓ Articles of	of Incorporation/Authorizati	on to Transact Business
Amendm	nent	
☐ Change	of Agent	
☐ Reinstat	ement	
☐ Convers	ion	
☐ Merger		
☐ Dissoluti	on/Withdrawal	
Fictitious	s Name	
Other_		
Authorized Amo	ount: \$125.00	
Signature:	(Part)	

COVER LETTER

TO:

то:	Registration Section Division of Corporat						
ena n	ecr.	Mai	rlin JV VI	II, LLC			
SUBJI	.CI;	Nam	e of Limited	Liability (Company		
						ansact Business in Florida." y company to transact busin	
Please	return all correspondens	ce concerning this matter to	the followi	ng:			
			Name of	Person	_	<u>.</u>	
		Marlin	Mortgage	: Capital	I, LLC		
			Firm/Con	ıpany			
646 2nd Avenue							
			Addre	ess			
			Petersbur				
			ity/State and	·			
		statrepo E-mail address: (to be	@cogeno			ification)	
For fur	ther information concer	ning this matter, please cal	l :		·		
	Tyl	er Wichman	at (732		426-5567	
	Nam	e of Contact Person		Area Code	Day	time Telephone Number	
	MAILING ADDRES Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301	
		or the following amount: yable to: FLORIDA DEP te	ee & □	Ī \$155.00	TE Filing Fee ed Copy	& 🗖 \$160.00 Filing F of Status & Cert	

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED HABILITY COMPANY TO TRANSICTER ISSUES. IN THE SEATE-OF FLORIDA:

	ted Liability Company; must include "Limite	-				
ne unavailable, enter alternate name a	dopted for the purpose of transacting business in Flo	rida. The alternat	te name must include	"Limited Liability Com	pany," "L. L. C," or	"LLC "
De	laware	2				
Jurisdiction under the law of which fo	reign limited hability company is organized)	<i>3.</i>	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration)				
646 2nd A		ine penalty habiti		6 2nd Avenu	ie	
(Street Address of Princip		6		Mailing Address)		
Saint Petersburg, FL 33701			Saint Petersburg, FL 33701			
ame and <u>street address</u> of	Florida registered agent: (P.O. Box Cogency Global Inc.	: <u>NOT</u> acce	ptable)		202411.77 - 7	- <u>·</u> .·
Name:					Fri 2: ព្	
Name:	115 North Calhoun St. Su	ite 4	_		Č)	
_	115 North Calhoun St. Su Tallahassee	ite 4	— Florida	32301	_	
_		ite 4 	, Florida	32301 (Zip code)		

(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 and Address: Andrew T. Weber, LLC Manager Name: Manager | Name: 646 2nd Avenue Address: _ ☐ Member **▼**Member Address: Saint Petersburg, FL 33701 Authorized Authorized Person Person Other___ __lOther____ Other____ |_Other____ Name: _____ Manager Name: _____ Manager | Member Address: Address: ☐ Authorized Authorized Person Person Other_ Other____ Other__ Other Manager | __Manager Name: _____ Name: _____ Member Address: _____ Address: Authorized Authorized Person Person __Other__ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. /s/ Andrew T. Weber Signature of an authorized person Andrew T. Weber

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MARLIN JV VIII, 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 SEVENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARLIN JV VIII,

LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2024.

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

Authentication: 203415905

Date: 05-07-24

3148047 8300 SR# 20241927582