

M240000006106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

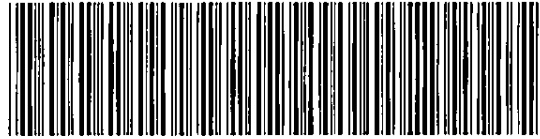
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
24 MAY 13 PM 4:10



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: 05/10/2024

Name: Patrice Rush

Reference #: 2366424

Entity Name: BOCAS HOUSE LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125.00

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOCAS HOUSE 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:

MICHAEL LANDA

Name of Person

BOCAS HOUSE LLC

Firm/Company

4401 N FEDERAL HWY SUITE 201

Address

BOCA RATON, FL 33431

City/State and Zip Code

MICHAEL@PROATHLETEFINANCIAL.COM

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

For further information concerning this matter, please call:

MICHAEL LANDA

Name of Contact Person

561

Area Code

866 2215

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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**



\$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. BOCAS HOUSE 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. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 4401 N FEDERAL HWY SUITE 201 6. 4401 N FEDERAL HWY SUITE 201
(Street Address of Principal Office) (Mailing Address)
BOCA RATON, FL 33431 BOCA RATON, FL 33431

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun 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.

Eleonora Reginal

Assistant Secretary

(Registered agent's signature)

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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>Title or Capacity:</u>
<input type="checkbox"/> Manager Name: <u>MICHAEL LANDA</u>	<input type="checkbox"/> Manager Name: _____
<input checked="" type="checkbox"/> Member Address: <u>4401 N FEDERAL HWY</u>	<input type="checkbox"/> Member Address: _____
<input type="checkbox"/> Authorized <u>SUITE 201</u>	<input type="checkbox"/> Authorized _____
Person <u>BOCA RATON, FL 33431</u>	Person _____
<input type="checkbox"/> Other _____ Other _____	<input type="checkbox"/> Other _____ 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 _____ Other _____	<input type="checkbox"/> Other _____ 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 _____ Other _____	<input type="checkbox"/> 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.

ates a third degree

Signature of an authorized person

MICHAEL LANDA

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOCAS HOUSE 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 TENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOCAS HOUSE LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2024.

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



3633378 8300

SR# 20242014653

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203442921

Date: 05-10-24