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PICK-UP WAIT MAIL
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SECRETARY OF STATE SECRETARY OF CHROOS ATIONS





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:_	05/28/2024	
Name:	Patrice Rush	_
Refere	nce #: 2381950	_
Entity N	Name:ACS ONE OC	EAN PROPCO LLC
<b>√</b>	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori Signatu	zed Amount: \$125.00	

## COVER LETTER

<

	Registration Section Division of Corporations				
SUBJEC	ACS ONE OCEAN PROPCO LLC				
		e of Limited Liability Company			
The enclo Existence,	sed "Application by Foreign Limited Liability , and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please reti	um all correspondence concerning this matter t	to the following:			
	SUSANNE JOSLIN				
		Name of Person			
	C/O DAVIS GRAHAM & STUBBS	LLP			
	Firm/Company				
	1550 17TH STREET, SUTIE 500				
		Address			
City/State and Zip Code					
	susanne.joslin@dgslaw.com				
	E-mail address: (to be	e used for future annual report notification)			
For further	r information concerning this matter, please ca	11:			
5	Susanne Joslin	303 892-7593			
<del>-</del>	Name of Contact Person	Area Code Daytime Telephone Number			
R D P	Calling Address: Registration Section Division of Corporations C.O. Box 6327 Callahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEP I \$125.00 Filing Fee	e & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate			

## 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:

	name adopted for the purpose of transacting husiness in Fi	orida, The alterns	ne name must include "Limited Limbility Company,"	"LLC," or "L
DELAWARE SECRE		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)	
MAY 28, 2024				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne peralty llabili	iy)	
1575 WELTON STREET, SUITE 300			5 WELTON STREET, SUITE 300	)
eet Address of Principal Office)		6	(Mailing Address)	
DENVER, COLORAI	OO 80202	DE	NVER, COLORADO 80202	21
	,			75 15 -4
	<del></del>			
Nome and steem addens	s of Florida registered agent: (P.O. Box	NOT accor	ntable)	<i>ع</i> ر عو
Manie and <u>succi addres</u>	3 of Fioritia registered agent. (F.O. Dox	NOT accep	subje;	9
Name:	COGENCY GLOBAL INC.		_	1
Office Address:		SUITE 4	_	
	TALLAHASSEE		32301	
	(City)		, Florida	

## 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.

COGENCY GLOBAL INC.

Ву:

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: ALEX CRANBERG ACS ONE OCEAN HOLDCO L ■ Manager ☐Manager 1575 WELTON ST, STE 300 Address: 1575 WELTON ST, STE 300 ■Member Address: □Member DENVER, COLORADO 80202 DENVER, COLORADO 80202 □ Authorized □ Authorized Person Person □Other □Other Other □Other \_\_\_\_\_ □Manager Name: □Manager Name: ☐ Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other □Other\_\_\_ ☐Other\_\_\_ Other\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_\_ □Member Address: □Member 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), Illorida Statues II am aware that any false information submitted in a document to the Department of Str constitutes a third degree felony as pr ovided for in s.817.155, F.S. nature of an authorized person

ALEX CRANBERG

Typed or printed name of signer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ACS ONE OCEAN PROPCO 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-NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACS ONE OCEAN PROPCO LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2024.

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

Authentication: 203578823

Date: 05-29-24