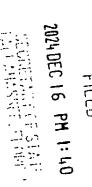
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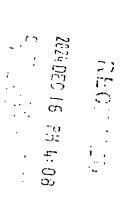
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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DEC 17 2024 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 816234 8265186

AUTHORIZATION :

COST LIMIT : \$ 1,318.75

ORDER DATE: December 6, 2024

ORDER TIME : 12:40 PM

ORDER NO. : 816234-002

CUSTOMER NO: 8265186

FOREIGN FILINGS

NAME: ICG CHARTER BOCA RATON, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI				
	Name	of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this matter to	the following:		
	Steven M. Reisman, Esq.			
		Name of Person		
	Reisman Law Group, P.A.			
		Firm/Company		
	1379 Harbor View East			
Address				
	Hollywood, FL 33019			
	Ci	ty/State and Zip Code		
	steven@reismanlawgroup.com			
	E-mail address: (to be	used for future annual report notification)		
For fur	ther information concerning this matter, please call	t.		
	Steven Reisman	786 286-1160 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section		
		Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee Certificate of	& 🗆 \$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 66.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name INVEST CAPITAL GROUP LLC 20900 NE 30 Ave, #914 100	name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited L	inhility Company," "L.L.C." or "LLC.")
Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) 20900 NE 30 Ave, #914, Aventura, FL 33180 6.			3.	
(Date first transacted basiness in Florida. If prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 20900 NE 30 Ave, #914, Aventura, FL 33180 eet Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: INVEST CAPITAL GROUP LLC 20900 NE 30 Ave, #914 20900	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI mum	ber, if applicable)
See sections 605,0903 & 605,0905 F.S. to determine penalty liability) 20900 NE 30 Ave, #914, Aventura, FL 33180 6.	JUNE 14, 2019			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) INVEST CAPITAL GROUP LLC PM Control of the control of t	· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) c penalty liability)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) INVEST CAPITAL GROUP LLC Name: 20900 NE 30 Ave, #914 Aventura Aventura Florida 33180 Florida	20900 NE 30 Ave, #	914, Aventura, FL 33180	20900 NE 30 Ave, #914,	Aventura, FL 33180
Name: INVEST CAPITAL GROUP LLC 20900 NE 30 Ave, #914 10	eet Address of Principal Office)		6. (Mailing Address)	
Name: 20900 NE 30 Ave, #914 Office Address: Aventura , Florida 33180				
INVEST CAPITAL GROUP LLC 20900 NE 30 Ave, #914 10 10 10 10 10 10 10	<u> </u>			
INVEST CAPITAL GROUP LLC 20900 NE 30 Ave, #914 33180 Florida 33180				
Name: 20900 NE 30 Ave, #914 Office Address: Aventura , Florida 33180				- •
Name: 20900 NE 30 Ave, #914 Office Address: Aventura , Florida 33180				
Name: 20900 NE 30 Ave, #914 Aventura 33180 Florida 33180				-a 5
Name: 20900 NE 30 Ave, #914 Aventura Aventura 1NVEST CAPITAL GROUP LLC 20900 NE 30 Ave, #914 Aventura 33180	Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name: 20900 NE 30 Ave, #914 Office Address: Aventura 33180 Florida				
Name:		11 15 15 0 7 0 4 15 15 15 15 15 15 15 15 15 15 15 15 15		
20900 NE 30 Ave, #914 Aventura 33180 Florida		INVESTICAPITAL GROUPLIC		
Office Address: Aventura 33180 Florida	Name:	INVEST CAPITAL GROUP LLC		
Aventura 33180	Name:			PM
, Florida				교육 ⁻ 당대
, Florida			·	교육 ⁻ 당대
(City) (Zin code)		20900 NE 30 Ave, #914	33180	교육 ⁻ 당대
(sap each)		20900 NE 30 Ave, #914		교생 - 당대
	Office Address:	20900 NE 30 Ave, #914 Aventura (City)		<u> </u>
gistered agent's acceptance:	Office Address:	20900 NE 30 Ave, #914 Aventura (City)	, Florida(Zip code)	
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pla	Office Address: gistered agent's accept wing been named as reg	20900 NE 30 Ave, #914 Aventura (City) tance: gistered agent and to accept service of pro-	, Florida, Florida	liability company at the place
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pla ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a	Office Address: gistered agent's accept ving been named as reg ignated in this applicat	20900 NE 30 Ave, #914 Aventura (City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as the service of the service	, Florida, Florida, Zip code) ocess for the above stated limited registered agent and agree to act	liability company at the place in this capacity. I further a
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pla signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	Office Address: gistered agent's accept ving been named as reg signated in this applicat comply with the provisi	20900 NE 30 Ave, #914 Aventura (City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as tons of all statutes relative to the proper a	, Florida, Florida, Zip code) ocess for the above stated limited registered agent and agree to act	liability company at the plain this capacity. I further a
iving been named as registered agent and to accept service of process for the above stated limited liability company at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	Office Address: gistered agent's accept wing been named as reg signated in this applicat comply with the provisi	20900 NE 30 Ave, #914 Aventura (City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as tons of all statutes relative to the proper a	, Florida (Zip code) ocess for the above stated limited registered agent and agree to act and complete performance of my a	liability company at the plain this capacity. I further a
iving been named as registered agent and to accept service of process for the above stated limited liability company at the platsignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent. INVEST CAPITAL GROUP LIS A FLORIDALIC	Office Address: gistered agent's accept wing been named as reg signated in this applicat comply with the provisi	Aventura (City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as toons of all statutes relative to the proper a sof my position as registered agent. INVEST CAPITAL GROUPLUS A F	, Florida (Zip code) ocess for the above stated limited registered agent and agree to act and complete performance of my a	liability company at the pla
iving been named as registered agent and to accept service of process for the above stated limited liability company at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	Office Address: gistered agent's accept wing been named as reg signated in this applicat comply with the provisi	Aventura (City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as toos of all statutes relative to the proper a sof my position as registered agent. INVEST CAPITAL GROUPLLS A E	, Florida (Zip code) ocess for the above stated limited registered agent and agree to act and complete performance of my	liability company at the pla

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: Invest Boca Charter School LLC ■ Manager ■ Manager Name: Address: 20900 NE 30 Ave Address: ■ Member ☐ Member Suite 914 □ Authorized □ Authorized Aventura, FL 33180 Person Person □Other ☐Other ☐Other___ □Other____ □Manager Name: _____ Name: _____ □ Manager Address: ____ □ Member □ Member Address: □ Authorized □ Authorized Person Person Other___ □Other____ □Other □Other Name: _____ □Manager □ Manager □Member Address: _____ □Member Address: ___ □ Authorized □ Authorized Person Person 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. 203 (1) (b), Floridg Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felon as provided for in s.817.155, F.S. **GABRIEL AMIEL**

Typed or printed name of signee

CSC 816234

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ICG CHARTER BOCA RATON, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICG CHARTER BOCA RATON, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2019.

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

Authentication: 205138615

Date: 12-16-24

7401281 8300 SR# 20244499001