M25000000494

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
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W25-2141 NOT AVail				

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K. Brumbley



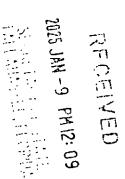
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2025

COGENCYGLOBAL

SUBJECT: LUXURY WATERFRONT LLC

Ref. Number: W25000002141



We have received your document for LUXURY WATERFRONT LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L03000042862 "LUXURY WATERFRONTS, LLC".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 025A00000428



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 Cheyanne at 850-202-1882

Date:		01/06/2025				
Name	e:	Cheyann	e Davis			
Refere	ence #:	26	17558	_		
Entity	Name:		LUXURY WA	TERFRONT LLC		
\checkmark	✓ Articles of Incorporation/Authorization to Transact Business					
	Amendment					
	☐ Change of Agent					
	Reinstatement					
	☐ Conversion					
	☐ Merger					
	☐ Dissolution/Withdrawal					
	☐ Fictitious Name					
	Other					
Autho	rized A	mount:	\$125			
Signa	ture:	(Chuymac)	Paine Paine			

F: 800.944.6607

COVER LETTER

TO:	Registration Section Division of Corporations				
	LUXURY WATERFRONT LLC				
SUBJE	CT:				
	Nam	ne of Limited Liability Company			
The encl Existence	losed "Application by Foreign Limited Liability e, 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 re	eturn all correspondence concerning this matter	to the following:			
	PAUL QUEYREL				
		Name of Person			
	TRIQUEST FLORIDA LLC	Name of Folson			
	Firm/Company 1007 N FEDERAL HWY #262				
		Address			
	FT LAUDERDALE, FLORIDA 3330-	4			
		City/State and Zip Code			
	Luxurywater63@aol.com				
	E-mail address: (to b	pe used for future annual report notification)			
For furth	her information concerning this matter, please ca	all:			
	PAUL QUEYREL	954 801 9441			
		at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
	Division of Corporations	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 DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ee & 🔲 \$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: LUXURY WATERFRONT 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.") DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) NONE (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 639 MIDDLE RIVER DR TRIOUEST FLORIDA LLC 6. (Mailing Address) (Street Address of Principal Office) 1007 N FEDERAL HWY #262 FT. LAUDERDALE FLORIDA 33304 FT LAUDERDALE FL 33304 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC Name: 115 N. CALHOUN ST. STE 4 Office Address: 32301 TALLAHASSEE 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. Tajanae Miller. Assistant Secretary
(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: BAY HOLDINGS INC Name: ____ ■ Manager Name: _ 2810 N Church Street □Member □Member Address: Address: __ mnb 55091 ☐ Authorized Authorized Wilmington DE 19802 Person Person □Other____ □Other □Other □Other Name: _____ □Manager Name: □Manager □Member □Member Address: Address: ☐ Authorized ☐ Authorized Person Person Other _____ □Other_____ □Other □Other____ Name: _____ □Manager Name: □Маладег □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), 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/ Paul Queyrel Signature of an authorized person

Typed or printed name of signee

PAUL QUEYREL

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LUXURY WATERFRONT 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 SIXTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUXURY WATERFRONT LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER,

A.D. 2024.

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

Authentication: 202623810

Date: 01-06-25