

M2500000 3900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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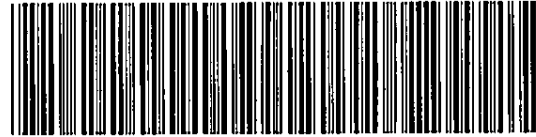
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF STATE

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

Account#: I200000000088
If there are any issues please
contact Cheyanne at
850-202-1882

Date: 03/18/2025

Name: Ovidshel Ocean Jr.

Reference #: 2693598

Entity Name: THE MORELLO GROUP LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other PLEASE PROVIDE CC UPON COMPLETION OF FILING

Authorized Amount: \$155.00

Signature: *J. Quinn*

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. THE MORELLO GROUP 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. New York 33-3635397
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/20/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3210 Gold Lane 6. 1929 Allison Drive
(Street Address of Principal Office) (Mailing Address)
Kissimmee, FL 34747 North Bellmore, NY 11710

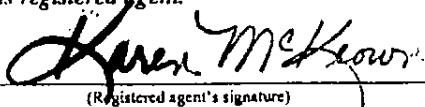
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.
Office Address: 115 NORTH CALHOUN STREET
TALLAHASSEE, Florida 32301
(City) (Zip code)

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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.


(Registered agent's signature)

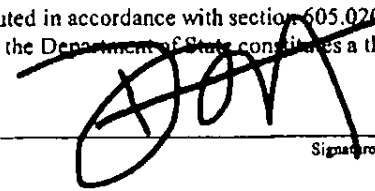
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Daniel J. Morello	☐ Manager	Name: Gregory S. Morello
☒ Member	Address: 1929 Allison Drive	☒ Member	Address: 1929 Allison Drive
☐ Authorized	North Bellmore, NY 11710	☐ Authorized	North Bellmore, NY 11710
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. 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.



Signature of an authorized person
Daniel J. Morello

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	THE MORELLO GROUP LLC
DOS ID Number:	7538538
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/19/2025
Statement Status:	CURRENT
Statement Due Date:	02/28/2027

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on March 18, 2025 at 09:49 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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