

M25000013110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

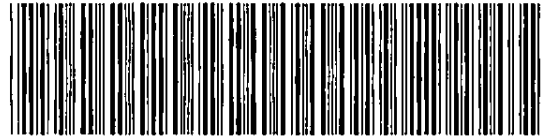
(Business Entity Name)

(Document Number)

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APPROVED
FILED
2025 SEP -3 AM 10:49

SEP 16 2025

K. Brumley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AEQUA 1, 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:

Kosal Som

Name of Person

Aequa 1, LLC

Firm/Company

5008 Ellis Meadows Court

Address

Glen Allen, VA 23059-6028

City/State and Zip Code

ceo@alliedpalletcompany.com

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

For further information concerning this matter, please call:

Andrew N. Mescolotto

954

763-5020

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. AEQUA I, 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. North Carolina 3. 99-4651097
(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. 5008 Ellis Meadows Court 6. 5008 Ellis Meadows Court
(Street Address of Principal Office) (Mailing Address)
Glen Allen, VA 23059-6028 Glen Allen, VA 23059-6028

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

Name: Fertig & Gramling
Office Address: 200 SE 13 Street
Fort Lauderdale, Florida 33316
(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.

Andrew Mescolotto

(Registered agent's signature)

2025 SEP -3 AM 10:49

ADMITTED
FILED

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: <u>Kosal Som</u>	☐ Manager	Name: _____
☐ Member	Address: <u>5008 Ellis Meadows Court</u>	☐ Member	Address: _____
☐ Authorized	<u>Glen Allen, VA 23059</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Jean Francois Desormeaux</u>	☐ Manager	Name: _____
☐ Member	Address: <u>400 Sunny Isles Blvd.</u>	☐ Member	Address: _____
☒ Authorized	<u>Unit 1108</u>	☐ Authorized	_____
Person	<u>Sunny Isles Beach, FL 33160</u>	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.

Kosal Som

08-28-2025

Signature of an authorized person

Kosal Som, Manager

Typed or printed name of signee

CERTIFICATE of SIGNATURE

REF NUMBER
W7NWB-TMAL9-TMT4H-DSEYV

DOCUMENT GENERATED BY ALL PARTIES ON
29 AUG 2025 01:39:04 UTC

SIGNER

ANDREW MESCOLOTTO

EMAIL
ANM@FERTIG.COM

TIMESTAMP

SENT
28 AUG 2025 20:31:03 UTC
VIEWED
28 AUG 2025 20:32:12 UTC
SIGNED
28 AUG 2025 20:32:30 UTC

SIGNATURE

Andrew Mescolotto

IP ADDRESS
107.198.112.41
LOCATION
DAVIE, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
28 AUG 2025 20:32:12 UTC

KOSAL SOM

EMAIL
CEO@ALLIEDPALLETCOMPANY.COM

SENT
28 AUG 2025 20:31:03 UTC
RECEIVED
29 AUG 2025 01:38:32 UTC
SIGNED
29 AUG 2025 01:39:04 UTC

Kosal Som

IP ADDRESS
74.110.134.45
LOCATION
GLEN ALLEN, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
29 AUG 2025 01:38:32 UTC





NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AEQUA 1, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 7th day of August, 2024

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of August, 2025.

Elaine F. Marshall

Secretary of State