

Florida Department of State
M2S 0000 13371
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : GUNSTER,YOAKLEY & STEWART,P.A.
 Account Number : 076117000420
 Phone : (561)650-0728
 Fax Number : (561)671-2527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eas@gunster.com

Foreign Limited Liability Company
STEFANO GROUP US LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED
 2025 SEP 19 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2025 SEP 19 PM 1:08

FILED

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. STEPHANO GROUP US LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

33-4591638

3. (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)

123 Eastside Drive, Unit 1

5. (Street Address of Principal Office)

Etobicoke, Ontario, CAN M8Z 5S5

123 Eastside Drive, Unit 1

6. (Mailing Address)

Etobicoke, Ontario, CAN M8Z 5S5

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

Name: Cogency Global, Inc.

Office Address: 115 N Calhoun Street, Suite 4

Tallahassee

(City)

, Florida 32301

(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.

/s/ Lisa Bialowes, Asst. Secretary

(Registered agent's signature)

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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>
<input checked="" type="checkbox"/> Manager	Name: <u>Stephano Group LTD</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>123 Eastside Drive, Unit 1</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Etobicoke, Ontario, CAN M8Z 5S5</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Noah Frank</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>123 Eastside Drive, Unit 1</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Etobicoke, Ontario, CAN M8Z 5S5</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Sean Frank</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>123 Eastside Drive, Unit 1</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Etobicoke, Ontario, CAN M8Z 5S5</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

/s/ Noah Frank

 Signature of an authorized person

Noah Frank, President

 Typed or printed name of signee

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEPHANO GROUP US 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STEPHANO GROUP US LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2025.

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



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204805406

Date: 09-19-25

10156866 8300

SR# 20254027434

You may verify this certificate online at corp.delaware.gov/authver.shtml