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Account#: I20000000088 January 10, 2022 Date:__ Name: GREG PINTACUDA 1571098 Reference #:_____ Entity Name: 693 WYMORE RD INVESTORS, LLC ✓ Articles of Incorporation/Authorization to Transact Business Amendment □ Change of Agent] Conversion Merger Dissolution/Withdrawal Fictitous Name Other ____

Signature:

Authorized Amount:

6 BEMIS MARKS, 191FL

COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJI	FCT:	693 Wymore	Rd Investors,	LLC		
.,01,01		Name of	Limited Liability C	Company		
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limit	tion to Transac ed liability cor	et Business in Florida," C mpany to transact busine	Certificate o ss in Florida
Please	return all correspondence	concerning this matter to the	following:			
		Max	Sharkansky			
	Name of Person					
	693 Wymore Rd Investors, LLC					
	Firm/Company					
	693 Wymore Rd					
	Address					
	Altamonte Springs, FL 32714					
	City/State and Zip Code					
		max@trio	nproperties.co	om		
		E-mail address: (to be used	for future annual	report notifica	tion)	
For furt	ther information concerning	g this matter, please call:				
	Adrie M	oses-Bailey	at (646	, 8	86-8334	
	Name of Contact Person		Area Code	Daytime	Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	Enclosed is a check for the Please make check payab	ne following amount: le to: FLORIDA DEPART.	MENT OF STAT	E		
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Stat	S155.00 I	Filing Fee &	S160.00 Filing Fee of Status & Certific	

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: 693 Wymore Rd Investors, LLC (Name of Foreign I united I lability 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," "f. f. C," or "l,LC,") Deleware (Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable) January 7 2021 (Date first transacted business in Flonda, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 693 Wymore Rd 700 N San Vicente Blvd., Suite G860 (Street Address of Principal Office) (Mailing Address) Altamonte Springs, FL 32714 West Hollywood, CA 90069 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee . Florida 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Max Sharkansky **⊠**Manager Name: Manager Name: Address: 700 N San Vicente Blvd Member ∐ Member Address: Suite G860 ☐ Authorized Authorized West Hollywood, CA 90069 Person Person Other Other_ Other Other Manager Name: Manager | Name: Member Address: ☐ Member Address: Authorized Authorized Person Person Other _Other___ Other Other ∐Manager Name: ____ 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. 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. Signature of an authorized person Max Sharkansky

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "693 WYMORE RD INVESTORS, 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 TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "693 WYMORE RD INVESTORS, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2022.

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



Authentication: 202356654

Date: 01-10-22

6530695 8300 SR# 20220076068