

M22000000675



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2022 JAN 12 AM 11:06
2022 JAN 12 PM 4:12
SECRETARY OF STATE
STATE OF MICHIGAN
PROCESSED BY THE SECRETARY

JAN 12 2022
K. Brumbley



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: 120000000088

Date: January 12, 2022

Name: KEN

Reference #: 1571098

Entity Name: 693 WYMORE RD TRION ASCENT JV, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other ** GOOD STANDING UPON FILING **

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$130.00**

Signature: *Ken Howell*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 693 Wymore Rd Trion Ascent JV, 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:

Max Sharkansky
Name of Person

693 Wymore Rd Trion Ascent JV, LLC
Firm/Company

693 Wymore Rd
Address

Altamonte Springs, FL 32714
City/State and Zip Code

max@trionproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrie Moses-Bailey at (**646**) **886-8334**
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 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. 693 Wymore Rd Trion Ascent JV, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. January 11 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 693 Wymore Rd (Street Address of Principal Office)
Altamonte Springs, FL 32714
6. 700 N San Vicente Blvd., Suite G860 (Mailing Address)
West Hollywood, CA 90069

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

Name: COGENCY GLOBAL INC.
Office Address: 115 North Calhoun St. Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

2022 JAN 12 AM 11:06
FILED
APPROVED AND FILED

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.

Alexis Cassidy (Registered agent's signature) Alexis Cassidy, Asst. Secretary

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: Manager
Name and Address: Name: Max Sharkansky
Address: 700 N San Vicente Blvd
Suite G860
West Hollywood, CA 90069
 Member
 Authorized Person
 Other _____ | Other _____

Title or Capacity: Manager
Name and Address: Name: _____
Address: _____
 Member
 Authorized Person
 Other _____ | Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ | Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ | Other _____

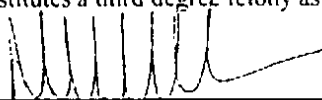
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ | Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 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

Max Sharkansky

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "693 WYMORE RD TRION ASCENT JV, 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 TWELFTH DAY OF JANUARY, A.D. 2022.

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

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

6537284 8300

SR# 20220105507

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

Authentication: 202381420

Date: 01-12-22