# M2200001168

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. FRANKLIN MAY 1 3 2022

#### Incorporating Services, Ltd.

incserv°

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 5/12/2022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1035553

ORDER ENTITY

FALCONHEAD CAPITAL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FALCONHEAD CAPITAL, LLC (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: Kathleen@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956.

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, May 12, 2022 Page 1 of 1

### 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:

rame unevailable, enter alternato n	ame adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liability Compan	y," "L.L.C," or "LLC
Delaware		2	13-3994703	
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI number, if applicable)	
		-		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	ne penalty	a ) Hability)	202
Esperante Corporate Center Espe		Esperante Corporate Center	2022 HAY	
reet Address of Principal Office)		0.	(Mailing Address)	
222 Lakeview Ave.			222 Lakeview Ave.	12
West Palm Beach, FL	33401		West Palm Beach, FL 33401	<del></del>
Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)	. <u>.</u> &
Name:	NRAI Services, Inc.	<del>,</del>		
Office Address:	1200 Sputh Pine Island Road			
	Plantation		33324 . Florida	
	(City)	<u> </u>	(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.

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 Capaci	ty:	Name and A	ddress:
<b>≅</b> Manager	Name: David S. Moross	□Manager	Name:	<u> </u>	
□Member	Address: Esperante Corporate Center	□Member			
□Authorized	222 Lakeview Ave.	☐ Authorized			
Person	West Palm Beach, FL 33401	Person			
Other	Other	□Other	• • • • • • • • • • • • • • • • • • • •	Other	
□Manager	Name:	□Manager	Name:		
□Member	Address: Esperante Corporate Center	□Member			~>
Authorized	222 Lakeview Avc.	□Authorized			2 85
Person	West Palm Beach, FL 33401	Person			12
Other	Other	Other		□Other	
□Manager	Name:	□Manager	Name;		<u>~</u>
∃Member	Address:	□Member			
Authorized		□Authorized			
Person		Person			
Other	□Other	□Other		Other	

- 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.

	Pathelley	
David Gubbay	Signature of an authorized person	•
	Typed or printed mante of signer	

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FALCONHEAD CAPITAL, 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 ELEVENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FALCONHEAD CAPITAL, LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 1998.

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

2022 HAY 12 PH 4: 18



2856456 8300 SR# 20221925956 Authentication: 203404096

Date: 05-11-22