Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000297455 3)))



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To:

Fax: 16465129566

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

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

Email Address: jwalker@adeptuscpas.com

## Foreign Limited Liability Company MoneyMitch LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

S. FRANKLIN

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## COVER LETTER

	MoneyMitch LLC					
SUBJECT:	Name of Limited Liability Company	-				
The enclosed "A Existence, and o	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." theck are submitted to register the above referenced foreign limited liability company to transact busing	" Certificate ness in Flori				
lease return al	correspondence concerning this matter to the following:					
	Mitchell Agude					
	Name of Person	•				
	MoneyMitch LLC					
	Firm/Company					
	8400 Dixie Highway, Apt. 1114					
Address						
Miami, FL 33143						
	City/State and Zip Code					
	jwalker@adeptuscpas.com					
	E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·				
For further info	rmation concerning this matter, please call:	2022 1: 231 PH 4: 23				
	Mitchell Agude 646 214-5860	P::				
<del></del>	Name of Contact Person Area Code Daytime Telephone Number -	F. 2				
Division Regist P.O. B	ING ADDRESS: on of Corporations patient Section OX 6327 Clifton Building assee, FL 32314 Section Section Clifton Building Cli					
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  25.00 Filing Fee \$\Bigsim \text{\$\Sigma}\$					

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	n LLC  Limited Liability Company; must include "Limited Liabi une adopted for the purpose of transacting business in Florida. The			.C," or "Ц.С.")
Delaware Durisdiction under the law of wh	ich foteign limited liability company is organized)	3. <u>88-158</u>	37840 (FEI number, if applicable)	<del></del>
	(Date first transacted business in Florida, if prior to registrat (See sections 605 0904 & 605 0905, F.S. to determine penal	Ion.)	<u>.</u>	
8400 Divie Highway, Apt. 1114		8400 Dixie	8400 Dixie Highway, Apt. 1114  (Mailing Address)	
(Street Address of Princip	al Office)	· ·	(Mailing Address)	
Miami, FL 331	43		Miami,FL 33143	707
ame and <u>street addres</u> Name:	<u>s</u> of Florida registered agent: (P.O. Box <u>NO'</u> Mitchell Agude	<u>C</u> acceptable)	- <del>'</del> ''	1 Pil 4: 23
Office Address:	8400 Dixie Highway, Apt. 1114	<del></del>		
	Miami	Florida	33143	
	(City)		(Zip code)	

To:

Title or Capacity:	Name and Address:	Title or Capacity:	•	Name and Address:
Manager	Name:	Manager	Name:	
x  Member	Address: 8400 Dixie Highway, Apt. 1114	Member	Address:	
Authorized	Miami, FL 33143	Authorized		
Person		Person	<u></u>	
Other	Other	Other		Other
Man <b>a</b> ger	Name:	Manager	Name:	· · · · · ·
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
				1011 i
Manager	Name:	Manager	Name:	<del></del>
☐Member	Address:	Member	Address:	သ
Authorized		Authorized		PH 4:
Person		Person		デ. 
Other	Other	Other_		ىن Other

<u>Important Notice:</u> 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.

Signatur of an authorized person
Mitchell Agude

Typed or printed name of signee

From: Ashley Cepin

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MONEYMITCH 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONEYMITCH LLC"

WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2022.

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



Authentication: 204288873

Date: 08-31-22

6714266 8300 SR# 20223408295