

| (Requ                        | estor's Name)          |
|------------------------------|------------------------|
| (Addre                       | ess)                   |
| (Addre                       | ess)                   |
| (City/S                      | State/Zip/Phone #)     |
| PICK-UP                      | WAIT MAIL              |
| (Busin                       | ess Entity Name)       |
| (Docu                        | ment Number)           |
| Certified Copies             | Certificates of Status |
| Special Instructions to Fili | ng Officer:            |
| W15-76118                    |                        |
| 780, js                      | 49 No.                 |

Office Use Only



100279076811

12/03/15--01029--003 \*\*25.00

11/16/15--01038--002 \*\*100.00

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15 NOV 16 FM 4: 38

SECRETARY OF STATE
TALLAHASSEE, FLOWING

DEC 2 2 2015

S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2015

ASAF MENGELGREIN 1011 IVES DAIRY ROAD STE 105 MIAMI, FL 33179

SUBJECT: NUSPRITE LLC Ref. Number: W15000076118



We have received your document for NUSPRITE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 015A00024518



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2015

ASAF MENGELGREIN 1011 IVES DAIRY ROAD STE 105 MIAMI, FL 33179

SUBJECT: NUSPRITE LLC Ref. Number: W15000076118 SECRETARY OF ST

We have received your document for NUSPRITE LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for NUSPRITE LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 015A00024518

## **COVER LETTER**

TO:

| Nı<br>BJECT:   | uSprite LLC        |   |  |   |               |  |             |        |
|--|--------------------|---|--|---|---------------|--|-------------|--------|
| ojeci:   |                    | Name of   | Limited Liability (                            | Company   |               |  |             |        |
|  |                    | eign Limited Liability Com<br>d to register the above refer |  |   |               |  |             |        |
| se return all  | correspondence o   | oncerning this matter to the                                | following:                                     |   |               |  |             |        |
|  | ASAF MENGE         | LGREIN  |  |   |               |  |             |        |
|  |                    | N   | ame of Person                                  |   |               |  | <del></del> |        |
|  | NuSprite           |   |  |   |               |  |             |        |
|  |                    | F   | irm/Company                                    |   |               |  |             |        |
|  | 1011 Ives Dairy    | Rd STE 105  |  |   |               | SECF   | 귥           |        |
|  | •                  |   | Address  |   |               | 是四   | 2           | 1      |
|  | Miami, FL 331      | 79  |  |   |               | 33SE<br>52SE<br>52SE<br>52SE<br>52SE<br>52SE<br>52SE<br>52SE<br>52 | 9           | <br> - |
|  |                    | City/S  | tate and Zip Code                              |   |               |  | PM 4: 38    | C      |
|  |                    | E-mail address: (to be use                                  | d for future annual                            | report not  | tification)   |  | <u>_</u>    |        |
| further info   | rmation concerning | g this matter, please call:                                 |  |   |               |  |             |        |
|  |                    |   | 407<br>at (                                    | 342385  |               |  |             |        |
|  | Name o             | f Contact Person  | Area Code                                      | Day   | time Telephor | ne Numbe   | r           |        |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |                    |   | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporation Societion Section Societion Societion Societion Societion Societive Center See, FL 32301 |               |  |             |        |
|  | eck for the follow | -   | □ \$155 AA E35-                                | ur Fac fr   | □ \$160.00 H  | Filing Fee   | Cer         | tific  |
| □ \$12:  | 5.00 Filing Fee    | ☐ \$130.00 Filing Fee & Certificate of Status               | □ \$155.00 Filir<br>Certified Copy             | ig ree oc   | of Status &   |  |             |        |

## 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:

| NuSprite LLC  | INTESTATEON LONDA.  |  |  |   |  |  |  |  |
|---|---|--|--|---|--|--|--|--|
| (Name of Force  | eign Limited Liability Company; must i  | iclude "Limited Lia                          | ability Company," "L.L.(                           | C.," or "LLC.")                           |  |  |  |  |
| If name unavailable, enter al<br>iability Company," "L.L.C,"                    | ternate name adopted for the purpose o " or "LLC.")   | transacting busine                           | ss in Florida. The alterna                         | ate name must include "Limited            |  |  |  |  |
| Delaware  |   | 3. 47-5523632                                |  |   |  |  |  |  |
| (Jurisdiction under the law company is organized)                               | of which foreign limited liability  | (FEI number, if appl                         | (FEI number, if applicable)                        |   |  |  |  |  |
| November 10/2015  |   |  |  |   |  |  |  |  |
|   | (Date first transacted business<br>(See sections 605.0904 & 605.09  | n Florida, if prior to 05, F.S. to determing | o registration.)<br>ne penalty liability)          |   |  |  |  |  |
| 1011 Ives Dairy Rd ST   |   | ·  |  |   |  |  |  |  |
| Miami, FL 33179   |   |  |  |   |  |  |  |  |
|   | (Street Address of Prin   | cipal Office)                                |  |   |  |  |  |  |
| 1011 Ives Dairy Rd ST   | E 105   |  |  | i   |  |  |  |  |
| Miami, FL 33179   |   |  |  | - AK 5<br>- C                             |  |  |  |  |
|   | (Mailing Ad   | lress)                                       |  | 一意色色(                                     |  |  |  |  |
| X   | •   |  |  |   |  |  |  |  |
| Name and street addres  | s of Florida registered agent: (P.O.  | Box NOT accep                                | table)   | Fig o m                                   |  |  |  |  |
| Name:   | ASAF MENGELGREN   |  | _  |   |  |  |  |  |
| Office Address:   | 1011 IVES DAIRY RD STE 105  |  | _  | CRID # 3                                  |  |  |  |  |
|   | MIAMI   |  | , Florida <u>33179</u>                             | —————————————————————————————————————     |  |  |  |  |
| egistered agent's accep   | (City)  |  | (Zip coo   | de)                                       |  |  |  |  |
| esignated in this applicate complywith the provision                            | gistered agent and to accept servic<br>tion, I hereby accept the appointme<br>ons of all statutes relative to the pro<br>my position as registered agent. | ent as registered of oper and complet        | ngent and agree to act<br>e performance of my      | t in this capacity. I further ag          |  |  |  |  |
|   | Kegistere   | d agent's signature)                         | 1  |   |  |  |  |  |
| . The name, title or capa   | ncity and address of the person(s) w  | no has/have autho                            | rity to manage is/are:                             |   |  |  |  |  |
| SAF MENGELGREIN ,   | •   |  | ,  |   |  |  |  |  |
| DIT IVES DAIRY RD S   | · .   |  |  |   |  |  |  |  |
| 11AMI, FL 33179   |   | <del></del>                                  |  |   |  |  |  |  |
| Attached is a certificate risdiction under the law of the translator must be su | of existence, no more than 90 days of which it is organized. (If the cert abmitted)   | old, duly authenti                           | cated by the official haging language, a translate | aving custody of records in the           |  |  |  |  |
|   |   |  | <u> </u>   |   |  |  |  |  |
|   | Signature of  | an authorized perso                          | on   |   |  |  |  |  |
| his document is executed  | in accordance with section 605.020 the Department of State constitutes  | 3 (1) (b), Florida<br>a third degree fel     | Statutes, I am aware thony as provided for in      | nat any false information s.817.155, F.S. |  |  |  |  |

Typed or printed name of signee

ASAF MENGELGREIN

State of Delaware
Secretary of State
Division of Corporations
Delivered: 02:39 PM 11/05/2015
FILED: 02:39 PM 11/05/2015
SR 20150796458 - File Number 5869404

## CERTIFICATE OF FORMATION OF NuSprite LLC

(A Delaware Limited Liability Company)

First: The name of the limited liability company is: NuSprite LLC

Second: Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this November 05, 2015.

Harvard Business Services, Inc., Authorized Person

By: Richard H. Bell, II, President

NOV 16 PM 4:

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NUSPRITE 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 TWENTY-SECOND DAY OF DECEMBER, A.D. 2015.

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

WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2015.

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

15 NOV 16 PH 4: 38
SECRETARY OF STATE
AND ANASSEE FLORIDA



Authentication: 10667933

Date: 12-22-15

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