

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.

(((H16000084255 3)))



H160000842553ABC+

		ELOAD button on your browser fi enerate another cover sheet.	rom this	io For	ود. المعتبر المالية المالية المعدد بهرو
To:	Division of Cor Fax Number	rporations : (850)617-6383	ASSEE FL	-5 MM 8:	
From;	Account Name Account Number Phone	: C T CORPORATION SYSTEM : FCA000000023 : (850)205-8842	ORIDA	46	

: (850)878-5368

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

Fax Number

#16 APR -5 AM 10: 50

Foreign Limited Liability Company OK Universal LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

APR OF THE HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:		ation Section of Corporation	s				
SUBJE		Universal LLC	·				
			Name of I	imited Liability C	Company		
The end Existen	closed "A _l ce, and ch	pplication by Fore	eign Limited Liability Comp I to register the above refere	any for Authoriza need foreign limit	tion to Tra	insact Business in Florida," Cert company to transact business in	ificate of n Florida
Please r	eturn all o	correspondence c	oncerning this matter to the	following:			
		Mark D. Schein	blum				
			No	me of Person			
		Mark D. Schein	blum, P.A.				
Firm/Company							
		1353 Palmetto Avenue. Suite 200					
				Address		A Property of the Control of the Con	
		Winter Park, FI	. 32789				
			City/St	ate and Zip Code			
		mark@scheinblu					
	•		E-mail address: (to be used	for future annual	report not	itication)	
For furt	her infor	nation concerning	this matter, please call:				
	Mark D	. Scheinblum		407 at (913-6	275	
	,	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section × 6327 ssee, 171, 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section wilding secutive Center Circle see, FL 32301	
Enclose		ck for the follows .00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

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

IN COMPLIANCE WITH SECTION 6051902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY/TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

OK Universal LLC	rign Limited Liability Company: mu	et Snahed. et in	what intille Comment will I	7-7-22-5	***	
(Number 1 of	agn camico tations company, ma	a memae isi	ецеаллионну Сотрану. — 11	.C. OF FILE.	• •	
I name unavailable, enter al iability Company," "L.L.C."	ternate name adopted for the purpose "or "LLC.")	of transactin	g business in Florida. The altern	nate name mus	a include	"Limited
Delaware		3 81-19	945059			
(Jurisdiction under the law company is organized)	urisdiction under the law of which foreign limited liability (PEI number, if applica			olicable)		
·			·			
	(Dute first transacted busine (See sections 605.0904 & 605.	88 in Florida, 1 0905, F.S. to	n prior to registration.) determine penalty liability)			
10844 Musters Drive						
Clermont, FL 34711				Za	18	
## 18 F	(Street Address of I	rincipal Offic	(C)			- Series
10844 Masters Drive			نقد نيونون محمود المعاولات ومحمود المعاول والمحادث الواردين والإستانات فولونونية الد		APR -	entrance A E
Clermont, FL 34711				(7) H	רט	, sporter
·	(Mailing /	(ddress)		rig	TP.	
. Name and street address	ss of Florida registered agent: (P.	O. Box <u>NO</u>	L'acceptable)		တ္	
Name:	Mark D. Scheinblum, P.A.			FLORID	94	
Office Address:	1353 Palmetto Avenue, Suite 2	X		£>		
	Winter Park		. Florida 32789			
	(City)		(Zip co	ode)		
esignated in this applica o complywith the provisi- ccept the obligations of t	gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. Mark D. Scheinblu By: (Registered	ment as regi proper and c	stered agent and agree to acomplete performance of my	of in this cap	acity. I j	further agi
i. The name, title or capa lok Kit Lou, as Manager	ncity and address of the person(s)	who has/hav	re authority to manage is/are:			
107 E Broadway, 6th Flox	or, New York, NY 10002	re <u>namer de la comp</u> etition de la competition della competition d				
					——————————————————————————————————————	
					···	
. Attached is a certificate urisdiction under the law of the translator must be st	1/2/20	cetificate is if	i a toteign language, a transli	having custor	dy of rec entificate	ords in the under oat
his document is executed abmitted in a document to	in accordance with section 605.0 the Department of State constitution Mark D. Scheinblum	of an authoriz 203 (1) (b). tes a third de	· Florida Statutes. I am aware :	that any false n s.817.155,	informa F.S.	tion

Typed or printed name of signce

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "OK UNIVERSAL 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-FOURTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OK UNIVERSAL LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

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



Authentication: 202040952

Date: 03-24-16

5992610 8300 SR# 20161865448