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Florida Department of State
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To: Division of Corporations
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From: Account Name : FOLEY & LARDNER LLP-MIAMI
Account Number : I20080000013
Phone : (305)482-8400
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Foreign Limited Liability Company
ILOV305 I MANAGER LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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June 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOLEY & LARDNER LLP-MIAMI

SUBJECT: ILOV305 I MANAGER LLC
REF: W17000050759

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: E17000160799
Letter Number: 517A00012348

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ILOV305 I MANAGER 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:

VERONICA VILARCHAO, ESQ.

Name of Person

FOLEY & LARDNER LLP

Firm/Company

2 SOUTH BISCAYNE BLVD., SUITE 1900

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

F&LCorpMiami@foley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Vilarchao

Name of Contact Person

305

at (

Area Code

482-8413

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:

\$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

(H17000160799 3)

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. ILOV305 I MANAGER 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. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 82-0717087 (FE) number, if applicable

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

5. 8360 WEST SAHARA AVE, SUITE 220 (Street Address of Principal Office)
LAS VEGAS, NV 89117

6. 8360 WEST SAHARA AVE, SUITE 220 (Mailing Address)
LAS VEGAS, NV 89117

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

Name: F&L CORP.

Office Address: ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, Florida 32202
(City) (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.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGER</u>	<u>CHARISSA DAVIDOVICI</u> <u>1296 DAYTONIA ROAD</u> <u>MIAMI BEACH, FLORIDA 33141</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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.)


Signature of an authorized person

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.

VERONICA VILARCHAO, ESQ.
Typed or printed name of signee

DIVISION OF CORPORATIONS
 17 JUN 19 AM 9:08
FILED

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ILOV305 I MANAGER LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 14, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 15, 2017.

Handwritten signature of Barbara K. Cegavske in cursive.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20170615-1755
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

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