5/19/2021

Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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Email Address:

Foreign Limited Liability Company Black Cake, LLC

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COVER LETTER

TO:		stration Section ion of Corporation	s			·	
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3000			Name of I	imited Liability C	ompany		
The ene Existen	closed ince, and	"Application by Ford check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat	ion to Tra ed liability	nsact Business in Florida," Certific company to transact business in F	ate of Iorida.
Please	return a	all correspondence c	oncerning this matter to the	following:			
		Erika Easter					
	Name of Person						
		eMinutes					
	Firm/Company						
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		Name o	f Contact Person	Area Code	Day	time Telephone Number	
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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:

	same adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liabilit	y Company," "L.E.C," ox "LLC.")			
2. Delaware		3. 86-3833635	if anolecable)			
(Junsdiction under the law of wheel)	hich foreign limited liability company is organized)	(1:14 number,	п аррисавіс)			
4	(Date first transacted business in Florida, if prior to	registration.)				
	(See sections 605.0904 & 605.0905; F.S. to determi	ine penalty liability)				
5. 10960 Wilshire Blvd., (Street Address off		6. 10960 Wilshire Blvd., 5th Flo				
Los Angeles, Californi		Los Angeles, California 90024				
	ss of Florida registered agent: (P.O. Box eResidentAgent, Inc.	NOT acceptable)				
Name:	exestdent/gent inc.					
Office Address:	801 US Highway 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			
	North Palm Beach	Florida 33408	35 26			
	(City)	Florida 33408 (Zip code)	一组三个			
	[Registed open]	signature)	2: 14 STATE			
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who ha Name and Address:	as/have authority to manage is/are: Title or Capacity:	Name and Address:			
Manager	Salaam R Gibbs					
	10960 Wilshire Blyd., 5th Flo Los Angeles, California 9002-	or 1				
			<u>,</u>			
		-				
		-				
•	•					
jurisdiction under the law	of existence, no more than 90 days old, of which it is organized. (If the certificat	duly authenticated by the official havite is in a foreign language, a translation	ng custody of records in the			
9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificat	te is in a foreign language, a translation 3 (1) (b), Florida Statutes. I am aware	n of the certificate under oat that any false information			

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BLACK CAKE, 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 THIRTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACK CAKE, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2021.

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

Authentication: 203195598

Date: 05-13-21