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TO:

TO:	Registration Sec Division of Corp				
SUBJE		HO MIAMI LLC			
		Name o	f Limited Liability (Company	
The en Exister	closed "Application ace, and check are s	by Foreign Limited Liability Con ubmitted to register the above refe	npany for Authoriza renced foreign limit	ation to Transact Business in Florid ted liability company to transact bu	a," Certificate of siness in Florida.
Please	return all correspon	dence concerning this matter to th	e following:		
	G Mark	Loreto, Esq.			
	<u> </u>	1	Name of Person		
			Firm/Company		_
	820 Bea	r Tavern Road, #303			
			Address		
	Ewing, 1	NJ 08628			
		City/	State and Zip Code		
	gmark@v	oicenet.com			
		E-mail address: (to be us	ed for future annual	report notification)	_
For fur	ther information co	ncerning this matter, please call:			
	G Mark Loreto		609 at (462-0921	
	1	Name of Contact Person	Area Code	Daytime Telephone Number	r
	MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	ed is a check for the □ \$125.00 Filing	_	☐ \$155.00 Filin Certified Copy	ng Fee & \$160.00 Fiting Fee, of Status & Certified (

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

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	•	in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
(Jurisdiction under the law of which		₂ 83-0876011
newly-formed, has not to	ch foreign bristed liability company is organized)	(Fill number, if applicable)
	ransacted business vet	
	(Date first transacted basiness in Florida, if pric (See sections 605 0904 & 605 0905, F.S. to det	or to registration.)
26 South New York Ave		6 26 South New York Ave, 1st Fl
(Street Address of Pri	ecopal Office)	(Mailing Address)
Atlantic City, NJ 08401		Atlantic City, NJ 08401
		
Name and street address	of Florida registered agent: (P.O. E	Box NOT acceptable)
Name:	InCorp Services, Inc.	
Office Address:	17888 67th Court North	
White Madress.		
	Loxahatchee	, Florida, 53470
istered agent's accepta	(City)	(7.sp code)
ring been named as regi gnated in this application omply with the provision	istered agent and to accept service on, I hereby accept the appointments of all statutes relative to the property of my position as registered agent.	of process for the above stated limited liability company at the place at as registered agent and agree to act in this capacity. I further agree per and complete performance of my duties, and I am funding with
ving been named as regi ignated in this application omply with the provision accept the obligations of	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the property of my position as registered agent. (Registered agent)	nt as registered agent and agree to act in this capacity. Therefore agree per and complete performance of my duties, and I am familiar with the complete performance of my duties.
ving been named as regi ignated in this application omply with the provision accept the obligations of	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the property of my position as registered agent. (Registered agent)	nt as registered agent and agree to act in this capacity. I further agree per and complete performance of my duties, and I am funding with the Katie Lawson on behalf of InCorp Services, Inc.
ving been named as regi ignated in this application omply with the provision accept the obligations of the name, title or capaci	istered agent and to accept service of on. I hereby accept the appointment as of all statutes relative to the profif my position as registered agent. (Registered agent ty and address of the person(s) who	nt as registered agent and agree to act in this capacity. I further agree per and complete performance of my duties, and I am funding with the Katie Lawson on behalf of InCorp Services, Inc. 20 has/have authority to manage is/are:
ving been named as registed in this application omply with the provision accept the obligations of the name, title or capacity:	stered agent and to accept service of the proposition as of all statutes relative to the proposition as registered agent. (Registered agent ty and address of the person(s) who Name and Address: Brian K. Davis 26 South New York Ave. 1:	nt as registered agent and agree to act in this capacity. I further agree per and complete performance of my duties, and I am funding with the Marie Lawson on behalf of InCorp Services, Inc. The core capacity: Name and Address:
ring been named as regignated in this application omply with the provision accept the obligations of the name, title or capacity:	istered agent and to accept service of the appointment as of all statutes relative to the proposition as registered agent. (Registered agent ty and address of the person(s) who Name and Address: Brian K. Davis	nt as registered agent and agree to act in this capacity. I further agree per and complete performance of my duties, and I am funding with the Marie Lawson on behalf of InCorp Services, Inc. The core capacity: Name and Address:
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Typed or pricted time of signed

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "URBAN ECHO MIAMI 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-EIGHTH DAY OF JUNE, A.D. 2018.



Authentication: 202978332

Date: 06-28-18

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