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Account Number : I19990000022 Phone : (305)670-6370 Fax Number : (305)670-3390

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Foreign Limited Liability Company DAKIA UMUSIC HOSPITALITY LLC

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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: DAKIA UMUSIC HOSPITALITY, 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 Provide. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (harisdiction under the law of which foreign limited bability company is organized) 333 SE 2ND AVE STE 2000 333 SB 2ND AVE STE 2000 (Mailing Address) (Street Address of Principal Office) MIAMI, FL 33131 MIAMI, FL 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DAKIA GLOBAL ENTERPRISE, LLC Name: 333 SE 2ND AVE SUITE 2000 Office Address: MLAMI 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

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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.

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager Member Authorized Person	Name and Address: Name: DAKIA GLOBAL ENTERPRISE Address: 333 SE 2ND AVE STE 2000 MIAMI FL 33131	Title or Capacity Manager Member Authorized Person	Name:	Name and Address:
Other	Other	Other		Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:Address:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Address:	Other Control of the
☐Manager ☐Member ☐Authorized Person ☐Other	Address:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:	3 <u>1</u> 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 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 8.817.155, F.S.

	Co hot of
•	Signature of an authorized prison?
	Colbert Bryan
	Direct or product name of stimes



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DAKIA UMUSIC HOSPITALITY 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 TENTH DAY OF APRIL, A.D. 2019.

at coro delaware gov/auth

Authentication: 202621151

Date: 04-10-19