| (Requestor's Name) | |
|---|--|
| (Address) | 800304241078 |
| (Address) | |
| (City/State/Zip/Phone #) | i 10/18/1701017-+002 |
| (Business Entity Name) (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: RASISO WIN-83657 | FILED 17-NOV-6 PM 2: 54 SECRETARIASSEE, FRORIDA- |

Office Use Only

**70.80\

S. WARREN MOV 0 7 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2017

LISANDRA ESTEVEZ 101 NE 3RD AVE, SUITE 1410 FORT LAUDERDALE, FL 33301

SUBJECT: BB3M HOLDINGS CORP.

Ref. Number: W17000083657

We have received your document for BB3M HOLDINGS CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Letter Number: 617A00021171

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Division of Corporations P.O. ROY 6397 Tallahasson Florida 39314

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|-----------------|--|--|
| BB3M HOLDINGS CORP. | | | |
| SUBJECT: | | | |
| Name o | f corporation | - must include suffix | .] |
| Dear Sir or Madam: | | | . |
| The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra | of Good Stan | ding" and check are submitted to reg | |
| Please return all correspondence concernin LISANDRA ESTEVEZ | ng this matter | to the following: | |
| | Name of | Person | |
| DAVID DI PIETRO & ASSOCIATES, P.A. | | . • | |
| 101 NE 3RD AVE. SUITE 1410 | Firm/Com | pany | |
| FORT LAUDERDALE, FL 33301 | Addre | \$S | |
| SERVICE@DDPALAW.COM | City/State as | nd Zip code | |
| E-mail address: | (to be used f | or future annual report notification) | |
| For further information concerning this ma | atter, please c | all: | |
| LISANDRA ESTEVEZ | 954 | 712-3070 | |
| Name of Person | at (Area Code | Daytime Telephone Numbe | r i |
| STREET/COURIER ADDRESS Registration Section Division of Corporations | : | MAILING ADDRESS: Registration Section Division of Corporations | |
| Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following amou | ınt: | į | |
| \$70.00 Filing Fee | | Certified Copy Certifi | Filing Fee, cate of Status & ed Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| BB3M HOLDINGS CORP. | BUSINESS IN THE STATE OF FLORIDA. |
|---|--|
| (Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.") | " "COMPANY," "CORPORATION," |
| (If name unavailable in Florida, enter alternate corporate name DELAWARE 2. 3. | adopted for the purpose of transacting business in Florida) |
| (State or country under the law of which it is incorporated) 9/14/2016 4 | (FEI number, if applicable) |
| (Date of incorporation) | (Date of duration, if other than perpetual) |
| 7 (623) PGA Blvd., Suite 104 - 37 | 7, Pulm Beach Gardens, FL 33418 and office address) |
| (Current mailin | og address, if different) |
| Name and street address of Florida registered agent: (P.C | D. Box NOT acceptable) |
| Name: CT Corporation System | D. Box NOT acceptable) |
| Name: (IT Corporation System Office Address: 1200 South Pine Island 6 | D. Box NOT acceptable) The second se |
| Pluntation (City) Registered agent's acceptance: Having been named as registered agent and to accept service. | (Zip code) ce of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 11. Na | mes and business addresses of officers and/or directors: | i | |
|-------------|--|--------------------------|--------------------|
| A. DII | RECTORS | 1 | |
| Chairma | ot: | | i |
| | | | |
| | | | |
| Viœ Ch | sirman: | · | |
| Address: | · · · · · · · · · · · · · · · · · · · | | 1 |
| | | - ! | 11 - |
| Director. | · | ; | 1 |
| Address: | | | <u> </u> |
| | | ÷ | 1 |
| Director: | | <u> 된입 특</u> | 7] |
| Address: | | 12 1 1 2 t sk | = NO |
| | | <u> </u> | ما إ |
| B. OFF | ICERS ERIC WEINBERGER | 平/2 | 10 -PH-2: |
| President | | 95. | |
| Address: | PALM BEACH GARDENS, FL 33418 | | 1 |
| | | | 1 |
| | ldent: | | <u> </u> |
| Address: | | | |
| | | ; | <u>-il</u> |
| | | | 1 |
| Address: . | | · | <u> </u> |
| | | | 1 |
| Address: _ | | | 1 |
| | If necessary, you may attach an addendum to the application listing additional officers and/or of | irroctors. | |
| | Signature of Director or Officer | ; | |
| are true at | er or director signing this doornhent (and who is listed in number 1.1 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S. | as stated i State con | nerein stitutes |
| 13 | | • | |
| | (Typed or printed name and capacity of person signing application) | - | 1 |



Page 1

I, JEFFREY W. BULLOCK, SECRETAR!" OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BB3M HOLNINGS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY O.F OCTOBER, A.D. 2017.

You may verify this certificate online at corp.delaware.gov/authver.shtml

6159405 8300N

Authentication: 203352420

Date: 10-05-17