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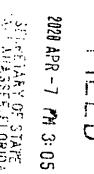
(Requestor's Name)					
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PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificate	es of Status				
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APR 13 2020 M. SOLOMON





April 6, 2020

Meliss R. Smith Nitidio E. Urbiera

<u>Via Federal Express, Tracking</u> # 8071 5201 5179 0215

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Phoophie General Partner, Inc.

Our File No. 1914-11-4

Dear Sir/Madam:

Re:

On behalf of the above-referenced Delaware corporation. I enclose herewith the original fully executed Application by Foreign Corporation for Authorization to Transact Business in Florida, together with our firm check in the amount of \$70.

Please have the original copy of the Application filed among the corporate records of the State of Florida.

The check enclosed herein is in payment of the following fees or charges:

Filing Fee \$70.00

Thank you for your attention to this matter.

Sincerely,

To k Station

GTM:mrs Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATEI orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate nam	adopted for the purpose of transacting busing	ness in Florida)
Delaware		52-2008764	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
December 27, 1996		Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
Has not yet tran	sacted business in Florida		
5005 Serena Circ		Florida, if prior to registration) i02, F.S., to determine penalty liability)	
	(Principal o	ce <u>street</u> address)	
c/o Karen Grossi	nan Getelman, 5005 Serena Circle, Tarzana,	alifornia 91356	
**	(Current mai	g address, if different)	BUREL KHA
Name and stree	et address of Florida registered agent: (P). Box NOT acceptable)	Cry L
Name:	Gregory T. Martini		100 m
ffice Address:	2655 LeJeune Road, Suite 1101		1 08 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0
	Coral Gables	, Florida	ůw G
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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.

A. DIRECTORS	·						
□Chairman	Name: Karen Grossman Getelman	□Chairman	Name:	<u>. </u>			
□Vice Chairman	Address: 5005 Serena Circle	□Vice Chairman	Address:				
Director	Tarzana, California 91356	□Director					
President		□President	- .				
□Vice President		□Vice President					
Secretary	■ Treasurer	☐ Secretary		☐Treasurer			
Other	Other	□Other	 -	□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
Other	Other	Other		Other			
				2020 A			
□Chairman	Name:	□Chairman	Name:	AP A			
□Vice Chairman	Address:	□Vice Chairman	Address:	90 4 1			
□Director		□Director	 				
□President		□President		: 05 당하			
□Vice President		□Vice President					
□ Secretary	Treasurer	☐ Secretary		□Treasurer			
□Other	Other	□Other		□Other			
Important Notice: Use an ariachment to report more than sig (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. 12. Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.



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

DELAWARE, DO HEREBY CERTIFY "PHOOPHIE GENERAL PARTNER, INC." 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 TWENTY-FOURTH DAY OF MARCH,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHOOPHIE GENERAL PARTNER, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202643119

Date: 03-24-20