Division of Corporations **Electronic Filing Cover Sheet** 

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(((H110001395583)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER YOAKLEY & STEWART P.A.

Account Number : 075077002561

Phone : (305)376-4161

Fax Number

: (305)376~6010

\*\*Enter the email address for this business entity to be used for furty; annual report mailings. Enter only one email address please.\*

Email Address: adest. Croix@ gunster wan

Foreign Limited Liability Company Nobox Holding LLC

Certificate of Status Certified Copy Page Count 01 Estimated Charge \$125.00

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#### COVER LETTER

| TO: Registration Section<br>Division of Corporation   | on <b>s</b>   |                                       |
|---|---|---------------------------------------|
| SUBJECT: Nobox Hol  | Iding LLC   |                                       |
|   | Name of Limited Liability Company   |                                       |
|   | Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert itted to register the above referenced foreign limited liability company to transact business in |                                       |
| Please roturn all correspondence  | se concerning this matter to the following:   |                                       |
| Alexandra   | a de St. Croix  |                                       |
| · · · · · · · · · · · · · · · · · · ·   | Name of Person  |                                       |
| Gunster   |   |                                       |
| · · · · · · · · · · · · · · · · · · ·   | Firm/Company  |                                       |
| 2 South B   | Biscayne Blvd., Suite 3400  |                                       |
|   | Address   | •                                     |
| Miami, Flo  | orida 33131   |                                       |
|   | City/State and Zip Code   | F   F   F   F   F   F   F   F   F   F |
| adest.cro   | olx@gunster.comڲສື  | <b>#</b>                              |
|   | E-mail address: (to be used for future annual report notification)  | 7                                     |
| For further information concern   | ning this matter, please call:  | - Amel Break                          |
| Alexandra de S  | 77 Croix Dareland 306 376 4184 FW   |                                       |
| Naл   | ne of Person Area Code & Daytime Telephone Number   | F                                     |
| MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building   | <b>.</b>                              |
| Enclosed is a check for the \$125.00 Filing Fee   | Tallahassee, FL 32301  e following amount:  \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee, Certificate of Status  Certified Copy         |                                       |

H110001395583

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

|  | MPLIANCE WITH SECTION 608.503, FLORIDA STATU.<br>ED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH   |               |  | FOREIG.   | N         |  |  |
|--|--|---------------|--|-----------|-----------|--|--|
|  | obox Holding LLC   |               |  |           |           |  |  |
| • •  | (Name of Foreign Limited Liability Company; must inc   | lude          | "Limited Liability Company," "L.L.C.," or "LLC.")  |           |           |  |  |
|  |  |               |  |           |           |  |  |
|  | ne unavailable, enter alternate name adopted for the purp<br>at of the managers or managing members adopting the alt   |               |  |           | מ         |  |  |
|  | my," "L.L.C," "LLC.")  |               |  | •         |           |  |  |
|  | laware   | 3.            | 45-2388427   |           |           |  |  |
| (Jur   | isdiction under the law of which foreign limited liability pany is organized)  |               | (FEI number, if applicable)  |           |           |  |  |
| 4. <u>A</u> r  | oril 4, 2011   | 5.            | Perpetual  |           |           |  |  |
|  | (Date of Organization)   |               | (Duration: Year limited liability company will cease t exist or "perpetual")               | 0         |           |  |  |
| c  |  |               |  |           |           |  |  |
| o  | (Date first transacted business in F<br>(See sections 608.501 & 608.502 F.)  | lori<br>S. ta | da, if prior to registration.) o determine ponalty liability)                              |           |           |  |  |
| 7. <u>18</u>   | 30 N.E. 39th Street, Suite 225, Miami,   | Fi            | orida 33137  |           |           |  |  |
|  |  |               | a  | ***       |           |  |  |
| _  | (Street Addres   | s of          | Principal Office)  | <u> </u>  |           |  |  |
| 8. If  | limited liability company is a manager-manage  | ďc            | ompany, check here 🗸   | 7         |           |  |  |
| 9. Tl:   | nimited machiny company is a manager-manager of the machines and usual business addresses of the machines Garcia, 180 N.E. 39th Street, Suite  | nag           | ing members or managers are as follows:  | 25        | Language. |  |  |
| <u>c</u>   | arlos Garcia, 180 N.E. 39th Street, Suite  | 22            |  |           |           |  |  |
| Jayson Fittipaldi, 180 N.E. 39th Street, Suite 225, Miami, Florida 33137 |  |               |  |           |           |  |  |
| A  | lbizu Garcia, 180 N.E. 39th Street, S  | Su            |  |           |           |  |  |
| the juri   | tached is an original certificate of existence, no more than 90 sciliction under the law of which it is organized. (A photocopion of the certificate under oath of the translator must be suf- | рyi           | s not acceptable. If the certificate is in a foreign language,                             |           | l         |  |  |
| 11. N  | Vature of business or purposes to be conducted of  | or p          | promoted in Florida: All legal and lawful  |           |           |  |  |
| <u>ac</u>  | tivities for which LLC's may be formed   | l. 🗼          |  | <u></u> . |           |  |  |
|  | Simon of M. U.   | /<br>//       | prized representative of a member.   |           |           |  |  |
|  | _  |               | onzed representative of a member. on of this document constitutes an affirmation under the |           |           |  |  |
|  | ponalties of perjury that the facts stated herein are t  | πe            | I am aware that any false information submitted in a                                       |           |           |  |  |
|  | document to the Department of State constitute  Kevin M.   |               | third degree felony as provided for in s.817.155, F.S.)                                    |           |           |  |  |
|  | Typed or printe  |               |  |           |           |  |  |

H110001395583

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Nobox Hold                                  | ne Limited Liability Compa<br>ling LLC  | ny is:   |  |
|--|---|--|--|
| If unavailable, the  | e alternate to be used in the   | state of Florida is:   |  |
| 2. The name and  | the Florida street address of   | f the registered agent and office are  | e:   |
|  | GY Corpor   | rate Services, Inc.  |  |
|  |   | (Name)   | <del></del>  |
|  | 2 South Bisca   | ayne Blvd., Suite 3400   |  |
| -  |   | ess (P.O. Box NOT ACCEPTABLE)  | 7.0<br>7.4.1   |
| _  | Miami   | <sub>FL</sub> 33131  | ZOII MAY 25<br>SECRETAR)<br>ALLAHASSI                                |
|  |   | City/State/Zip   | 25<br>ARY<br>SSE   |
| liability company<br>agent and agree to<br>relating to the pro | at the place designated in this<br>act in this capacity. I furthe<br>per and complete performan | accept service of process for the ab<br>is certificate, I hereby accept the app<br>er agree to comply with the provisio<br>ace of my duties, and I am familiar w<br>as provided for in Chapter 608, Flor | pointment as registered<br>ons of all standes<br>with and accept the |
| _  | \$ 100.00<br>\$ 25.00<br>\$ 30.00   | Filing Fee for Application Designation of Registered Agent Certified Copy (optional)   | :  |

\$ 5.00 Certificate of Status (optional)

# Delaware

DACE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOBOX HOLDING 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-THIRD DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOBOX HOLDING LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2011 HAY 25 AH & 45
SECRETARY OF STATE
TALLAH ASSEF FLORIS

4963565 8300

110601808

You may verify this Cartificate coline at corp. deleware.gov/authver.shuml

Jeffrey W Bullock, Secretary of State
AUTHENTICATION: 8781680

DATE: 05-23-11