# M14000002269

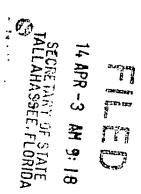
(Req	questor's Name)	
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Office Use Only



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DEPARTMENT OF STATE



4 84 West APR 0 4 2018



ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION : //

COST LIMIT : \$ 125.00

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ORDER DATE :

ORDER TIME : 3:26 PM

ORDER NO. : -005

CUSTOMER NO:

### FOREIGN FILINGS

NAME: ANYGUEST.COM LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

SEC	14 1	a.
SECRETARY OF STATE	14 APR -3	
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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: AnyGuest.com LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If nome unavailable, unter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) Not yet transacted business in Florida (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 550 Fifth Avenue, Suite 500 New York, NY 10036 (Street Address of Principal Office) <sub>6</sub> 550 Fifth Avenue, Suite 500 New York, NY 10036 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage Nicolas Chaillan, Manager 550 Fifth Avenue, Suite 500 New York, NY 10036 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I

am aware that any folse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nicolas Chaillan

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name  AnyGuest.com	e of the Limited Liability Con om LLC	npany is:	
If unavailab	ele, the alternate to be used in t	the state of Florida is:	,
2. The nam	ne and the Florida street address	ss of the registered agent and office are:	
	Corporation Service Compa	any	APR APR
		(Name)	
	1201 Hays Street		SEC A
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301 FL	9: 18 STATE LORIDA
		City/State/Zip	<del></del>
liability con registered a statutes rela	npany at the place designated in sgent and agree to act in this ca ating to the proper and complet obligations of my position as re	nd to accept service of process for the above in this certificate, I hereby accept the appoint apacity. I further agree to comply with the te performance of my duties, and I am family agistered agent as provided for in Chapter of	intment as provisions of all iliar with and
		gnature)	Robert O'Byrne Vice President
	\$ 100.0 \$ 25.0	~	
	\$ 30.0	00 Certified Copy (optional)	
	\$ 5.0	00 Certificate of Status (optional)	

#### **COVER LETTER**

TO: Registration Section Division of Corporations AnyGuest.com LLC Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. Please return all correspondence concerning this matter to the following: Nicolas Chaillan Name of Person AnyGuest.com LI Firm/Company 550 Fifth Avenue, Suite 500 Address New York, NY 10036 City/State and Zip Code nicolas.chaillan@after-mouse.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicolas Chaillan Daytime Telephone Number Name of Contact Person STREET ADDRESS: **MAILING ADDRESS:** Division of Corporations Division of Corporations Registration Section Registration Section Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: ☐ \$130.00 Filing Fee & ■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate ☐ \$125.00 Filing Fee Certificate of Status Certified Copy of Status & Certified Copy

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "ANYGUEST.COM 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 THIRD DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANYGUEST.COM LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2013.

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

14 APR -3 AM 9: 18
SECRETARY OF STATE
MALLAHASSEE, FI ORIDA

5387673 8300

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Jeffrey W Bullock, Secretary of Sta AUTHENTY CATION: 1265109

DATE: 04-03-14

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