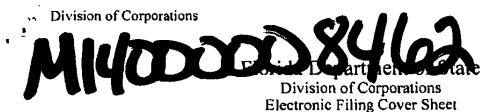
Page 1 of 1



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)222-1092
Fax Number: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company LUVVITT LLC

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S. YOUNG

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Help

	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: LUVVITT LLC		
	of Limited Liability Company	
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the ab	ility Company for Authorization to Transa love referenced foreign limited liability co	ct Business in Florida," Certifionpany to transact business in I
Please return all correspondence concerning this ma	tter to the following:	
Eli Alta	aras	
	Nume of Person	
Luvvitt	LLC	
	Firm/Company	
375 Park A	venue, Suite 2607	ري دع
	Address	
New York,	NY 10152	
	City/State and Zip Code	350
eli@luvvitt.com		
E-mail address:	(to be used for future annual report notification	n)
For further information concerning this matter, plea	se call: (917) 82	2-5474
Eli Altaras	, ,	2-04/4
Name of Contact Person	Area Code Daytin	ne Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassec, FL 32301	
Enclosed is a check for the following amou		T \$140 On William Page Completion
□ \$125.00 Filing Fee □ \$130.00 Filin	g Fee & 🔲 \$155.00 Filing Fee & 🚨	3 \$160.00 Filing Fee, Certifical of Status & Certified Copy

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:

bility Company," "L.L.C," or "LLC.")	
w York 3. 45-1690047 isdiction under the law of which foreign limited liability (FEI number, if applicable)	
company is organized)	
Upon Qualification (Due first transacted business in Florida, if prior to registrate	
(Soe sections 605.0904 & 605.0905, F.S. to determine penalty	liability)
375 Park Avenue, Suite 2607, New York, NY 10152	22 23 E
(Street Address of Principal Office)	
Same	
	- 1
	authority to manage is/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have ter Altaras, 375 Park Avenue, Suite 2607, New York, NY 10152 Attached is an original certificate of existence, no more than 90 days of aving custody of records in the jurisdiction under the law of which it is occeptable. If the certificate is in a foreign language, a translation of the coust be submitted)	d, duly authenticated by the offi organized. (A photocopy is not
The name, title or capacity and address of the person(s) who has/have er Altaras, 375 Park Avenue, Suite 2607, New York, NY 10152 Attached is an original certificate of existence, no more than 90 days of aving custody of records in the jurisdiction under the law of which it is exceptable. If the certificate is in a foreign language, a translation of the contents of the certificate is in a foreign language, a translation of the contents of the certificate is in a foreign language, a translation of the contents of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language.	d, duly authenticated by the offi organized. (A photocopy is not
The name, title or capacity and address of the person(s) who has/have ter Altaras, 375 Park Avenue, Suite 2607, New York, NY 10152 Attached is an original certificate of existence, no more than 90 days of aving custody of records in the jurisdiction under the law of which it is exceptable. If the certificate is in a foreign language, a translation of the cust be submitted) I.ALtaras Signature of an authorized person excordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the	d, duly authenticated by the offi organized. (A photocopy is not ertificate under oath of the trans
The name, title or capacity and address of the person(s) who has/have ter Altaras, 375 Park Avenue, Suite 2607, New York, NY 10152 Attached is an original certificate of existence, no more than 90 days of aving custody of records in the jurisdiction under the law of which it is exceptable. If the certificate is in a foreign language, a translation of the coust be submitted) **LALtaras**	d, duly authenticated by the offi organized. (A photocopy is not ertificate under oath of the trans

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.

1. The name of the Limited Liability Company is:		
LUVVITT LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		1 5
C T Corporation System	, , ,	N3
(Name)		
1200 South Pine Island Road		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		77
Plantation FL 33324		
City/State/Zip	_	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60 Statutes. CT Comporation System Gignature (Signature)	itment as provisions iar with ai 05, Florid	of all nd
S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent S 30.00 Certified Copy (optional) S 5.00 Certificate of Status (optional)		

State of New York Department of State } ss

I hereby certify, that LUVVITT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/13/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201411210590 * 07

Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of November two thousand and fourteen.

Anthony Giardina
Executive Deputy Secretary of State

SECULATION OF THE REST OF THE