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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : HARVARD BUSINESS SERVICES,

Account Number : 120080000045 Fhone : (302) 045-7400 : (302)645-1280 Fax Number

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

frankihoppe@gmail.com Email Address:

Foreign Limited Liability Company Pilixo, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
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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: | |
|---|--|
| FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FI | KIKHDAÇ |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "] J., | C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternative Company," "L.I.C." or "LI.C.") | nate mame must include "Limited |
| ₂ Delaware | |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if | applicable) |
| 4. | <u> </u> |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) | |
| _{5.} 2840 N. University Drive, Coral Springs, FL 33065 | \$ 2 ··································· |
| | S S S S S S S S S S S S S S S S S S S |
| (Street Address of Principal Office) | ======================================= |
| 6, 2840 N. University Drive, Coral Springs, FL 33065 | 101 115 |
| VI | 75.0 75.0 |
| (Mailing Address) | |
| 7. The name, title or capacity and address of the person(s) who has/have authority | |
| Gerald Blackie/Manager/RA 801 Brickell Key Blvd, Suite 1404, | Wildriff, PL 33131 |
| Tim McMullen/Manager 801 Brickell Key Blvd, Suite 1404, M | 1iami, FL 33131 |
| | |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly at having custody of records in the jurisdiction under the law of which it is organized, acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted) | . (A photocopy is not |
| -UHfait | |
| Signature of an authorized person (In accordance with section 605,0203, P.S., the execution of this document constitutes an affirmation under the ponalties of an aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as | perjury that the facts stated herein are true, provided for in \$.817,155, F.S.) |
| Gerald R. Blackie | |
| Typed or printed name of signee | |

(((H15000022836 3)))

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: Pilixo, LLC | | | | | | |
|--|--|---|--|--|--|--|
| If unavailable | If unavailable, the alternate to be used in the state of Florida is: | | | | | |
| 2. The name | and the Plorida street address | of the registered agent and office are: | | | | |
| • | Gerald Blackie | | | | | |
| | | (Name) | | | | |
| | 801 Brickell Ke | y Blvd, Suite 1404 | | | | |
| | Plorida Street Ac | ddress (P.O. Box NOT ACCEPTABLE) | | | | |
| | Miami | FL 33131 Chy/State/Zip | | | | |
| | | Chy/State/Zip | | | | |
| liability compregistered ag statutes relat | pany at the place designated in tent and agree to act in this cap ing to the proper and complete | I to accept service of process for the above stated limited this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, Florida | | | | |
| | 4 | All the land | | | | |
| | (Sig | nature) | | | | |
| | \$ 100.00 \$ 25.00 \$ 30.00 | 0 Designation of Registered Agent | | | | |

\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "PILIXO, 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-EIGHTH DAY OF JANUARY, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILIXO, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2015.

15 JAN 28 PH 4: 50
SEUNCTARY OF STATE
TALLAHASSEE, FLORION

5681163 8300

150111210

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

AUTHENTY CATION: 2075958

DATE: 01-28-15