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(Requestor's Name)						
(Address)						
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(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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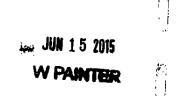
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COVER LETTER .

•	A STATE		VER LETTER	,	•	
	ration Section n of Corporation					
CI	TRUS SPARK, L	LC				
SOBJECT:			Limited Liability	Company		
The enclosed "A Existence, and c	application by Fore heck are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza	ition to Tra ted liability	unsact Business in Florida," Ce y company to transact business	rtificate of in Florida
Please return all	correspondence co	oncerning this matter to the	following:			
	PETER WEINT	RAUB, ESQ.	`			
		Na	ame of Person		-	
	WEINTRAUB & WEINTRAUB P.A.					
		Fi	rm/Company			
	2700 N MILITA	ARY TRAIL SUITE 355				
			Address			
	BOCA RATON	FL 33431				
	, ,,,	City/St	ate and Zip Code			
	PBW@WEINTR	AUBLAWFIRM.COM				
		E-mail address: (to be used	for future annual	report not	ification)	
For further infor	mation concerning	this matter, please call:				
PETER	R WEINTAUB, ES	SQ.	561 at (988641	1	
	Name of	Contact Person	Area Code	Day	time Telephone Number	
Divisio Registr P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	eck for the followi 5.00 Filing Fee	ng amount: \$\Boxed{\text{\$\text{\$\text{\$\text{130.00 Filing Fee & }}}}\$ Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certified Copy	ficate



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- > The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

L. CITRUS SPARK LLC			
(Name of Fore	eign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al	ternate name adopted for the purpose of transacting	g business in Florida. The alternate nar	ne must include "Limited
Liability Company," "L.L.C," 2. DELAWARE	11 24	528149	
(Jurisdiction under the law	of which foreign limited liability 3. 11-32	(FEI number, if applicable)
company is organized) N/A			
4. N/A	(Date first transacted business in Florida,	if prior to registration.)	- .
5. 3283 HARRINGTON	(See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)	
BOCA RATON, FL 33	3496		_
6. 3283 HARRINGTON I	(Street Address of Principal Offic DRIVE	е)	_
BOCA RATON, FL 33		·	-
	(Mailing Address)	• S (phild	na.
7. Name and street addres	s of Florida registered agent: (P.O. Box NO)	<u>Γ</u> acceptable)	
Name:	PETER B. WEINTRAUB		
Office Address:	2700 N MLITARY TRAIL SUITE 355		
	BOCA RATON	, Florida 33431	
Registered agent's accept	(City)	(Zip code)	_
this application, I hereby	gistered agent and to accept service of proces accept the appointment as registered agent a statutes relative to the proper and complete p ition as registered agent. (Registered agent's si	nd agree to act in this capacity. I erformance of my duties, and I an	further agree to comply
		-	
8. The name, title or capa JASON REZNIK	icity and address of the person(s) who has/hav	e authority to manage is/are:	IO A
			- To
			5
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in abmitted) Signature of an authorize		custody of records in the f the certificate under oath
(In accordance with section the facts stated herein are t degree felony as provided	n 605.0203, F/S., the execution of this docume rue. I am aware that any false information sub	ent constitutes an affirmation under	the penalties of perjury that ment of State constitutes a thir
	JASON REZNIK		

Typed or printed name of signee