

`
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_ PICK-OP _ WAIT _ INIAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



300274846063

07/10/15--01010--018 **130.00

TALLANCE FLORID.

JUL 13 2015

S. YOUNG

ro:		istration Section ision of Corporatio	ns						
SUBJE	œr.	Q4AK LLC							
UDJE	C1;		Na	me of Limited Liability	Cómpany				
					ration to Transact Business in Florida," ited liability company to transact busin				
lease r	ėturn	all correspondence	concerning this matter	to the following:					
		Robert Escava							
				Name of Person					
		America's Kids	LLC						
				Firm/Company					
		19 West-34th Street, 11th Floor							
		<u></u>		Address					
		New York; NY	10001						
			. 1	City/State and Zip Cod	6				
		Robert@america	iskids net		مع المسبب. المراجعة	G 5			
•		E-mail address: (to be used for future annual report notification)							
or furt	her in	formation concernin	g this matter, please ca	ıll:	The second secon	图 5 月			
Robert Escava				212 at (594-2340				
		Name o	of Contact Person	Area Code	Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations				STREET ADDRESS: Division of Corporations	3 m . 7			
		stration Section Box 6327			Registration Section Clifton Building				
	Talla	ahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	•			
		check for the follow 125.00 Filing Fee	ing amount: \$130.00 Filing Fe Certificate of Status		ing Fee & □ \$160.00 Filling Fee, Ce				
		<i>`</i>	•		•	•			

A	PLICATION BY PO	reign limited	LIABILITY COMP. IN FLOI		IZATION TO 1	ransagt business				
	OMPLIANCE WITH SEC APANY TO TRANSACT BU			OWNG E SUBMITTED	TO RECUSTER A F	OREIGN LIMITED LIMILITY				
, (MAK LLC									
* -	(Name of Fore	ign Limited Liability (ompany; must include "	Citatied Liability Compa	my," "L.L.C., " or "	8.50.")				
Lie	ame unavailable, caser al ility Company," "L.L.C,"	constenante adopted f	-	_	The alternate name	must include "Limited				
2.	ew York			-0872945	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	urisdiction under the law sumpany is organized)	ot amich totalis nume	od tramusy	(Fix san	ber, if applicable)					
4. ;		(Date first bas	moted the logs in Floris	s, if prior to registration	. .	•				
5.	19 West 34th Street, 11		5.0904 & 605.090s, P.S.	to determine prosity had						
j	New York, NY 1,0001									
	N. 1. 1. 2. 2. 2. 100 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•	t Address of Principal O	tics)		·				
٠	Oolphin Mall 11401 N	W 12th Street, Onlt 1	153	<u></u>	<u></u>					
-	Miami, FL 33172		(Mailing Address)	•		. : ක්ප කි				
7.	Name and street addres	Vame and street address of Piorida registered agent: (P.O. Box NOT acceptable)								
	Name:	NRAL Services, In	- , -			温声で				
	Office Address:	1200 South Pine Is	land Rosd			一篇言				
		Plantation		, Florida	33324					
	1	,	(City)		(Zip code)	me to the second se				
Ha this wit	upplication: I hereby	gisiered agent and to accept this appointm talutes relative to th	ent as registered open e proper and complet	t and agree to act in t	his capacity. If	at the place designated in wither agree to comply a familiar with and decept				
	The name, title or caps	city and address of t	he person(s) who has/i	seve authority to mana	ge is/are:					
<u> </u>	bert Escava									
_	West 34th Street, 11th	Floor				 .				
Ne	w York, NY 10001	<u></u> .	 _							
jur	Attached is a certificate sdiction under the law he translator must be sa	of which it is organiz	re than 90 days old, du æd. (If the certificate i	iy authenticated by the s in a foreign language	: official having c c, a translation of	rustody of records in the the certificate under oath				
			Signature of sp suth	wized person		•				
Th sub	s document is executed mitted in a document to	in accordance with a the Department of S	section 605.0203 (1) (I State constitutes a third	o), Florida Statutes. I a degree folony as prov	m awarë that shy Ided for in 3.817.	dilse information ISS, F.S.				
		Robert Escave				• ••				
i			Typed or printed name	e of signer						
ł	•									

State of New York Department of State State

I hereby certify, that Q4AK LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/22/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of June two thousand and fifteen.

Outing Sindina
Anthony Giardina
Executive Deputy Secretary of State

201507010799 * 45

