MEDOODGA

(Re	questor's Name)	
(Add	dress) ·	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600276284316

08/24/15--01006--029 **160.00

AUG 2 5 2015 S. YOUNG

APPLICATION FOR FOREIGN LIMITED LIABILITY TO TRANSACT BUSINESS IN FLORIDA

TAP 2 OPEN LLC, a Delaware registered LLC

Mark Y. Grosberg, CEO

Enclosed: Application to register a Foreign LLC for authorization to do business in Florida \$ 160.00 check to the Florida Department of State

Certificate of existence.....from the state of Delaware dated Aug. 10, 2015 (last attached page)

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Jap	2 Open LL Name of I	Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence co	oncerning this matter to the	following:	
	lark Y. G	erosberg une of Person	
	Tap2Open	LLC m/Company	
4601	NW 5th	Lane	
Boo	a Raton I	-L 3343/ ate and Zip Code	
	•	20 pen Com for foliure annual report not	
For further information concerning	- 1		22 17
Mark (Contact Person	at (56) 21 Area Code Day	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrati Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301
Enclosed is a check for the followi □ \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	★\$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

	ION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A SINESS IN THE STATE OF FLORIDA:	FOREIGN LIMITED LIA
	o 2 Open LLC gn Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	
(Name of Fore	gn Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")
	ernate name adopted for the purpose of transacting business in Florida. The alternate name	ne must include "Limited
ility Company," "L.L.C,"		
risdiction under the law o ompany is organized)	of which foreign limited liability 3. 47 – 236/083 (FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
		_
4601	Nw 5+h Lane (Street Address of Principal Office)	_
Воса	Raton FL 33431	par est "
C ~ \.		
	(Mailing Address)	
ame and street address	of Florida registered agent: (P.O. Box NOT acceptable)	Fig. 74
Name:	Mark Grosberg 4601 NW 5th Ln.	
Office Address:	4601 NW 5th Ln.	22
	Boca Raton, Florida 33431	_
istered agent's accepts	(City) (Zip code)	
to a to a constant of	istered agent and to accept service of process for the above stated corporation	
application, I hereby a	eccept the appointment as registered agent and agree to act in this capacity. I tatutes relative to the proper and complete performance of my duties, and I an	
application, I hereby a the provisions of all s	tatutes relative to the proper and complete performance of my duties, and I an ion as registered agent.	
application, I hereby a the provisions of all si	tatutes relative to the proper and complete performance of my duties, and I an ion as registered agent.	
application, I hereby a the provisions of all si obligations of my positi	tatutes relative to the proper and complete performance of my duties, and I an ion as registered agent. (Registered agent's signature)	
application, I hereby a the provisions of all sobbligations of my positions. The name, title or capac	tatutes relative to the proper and complete performance of my duties, and I aminon as registered agent. (Registered agent's signature) City and address of the person(s) who has/have authority to manage is/are:	n familiar with and ac
application, I hereby a the provisions of all so obligations of my positions. The name, title or capac	tatutes relative to the proper and complete performance of my duties, and I aminon as registered agent. (Registered agent's signature) City and address of the person(s) who has/have authority to manage is/are:	n familiar with and ac
application, I hereby a the provisions of all sobbligations of my positions. The name, title or capac	tatutes relative to the proper and complete performance of my duties, and I aminon as registered agent. (Registered agent's signature) City and address of the person(s) who has/have authority to manage is/are:	n familiar with and ac
application, I hereby a the provisions of all stobligations of my positions. The name, title or capacity the capacity of the	city and address of the person(s) who has/have authority to manage is/are: Complete performance of my duties, and I aminon as registered agent. (Registered agent's signature) City and address of the person(s) who has/have authority to manage is/are: Complete performance of my duties, and I aminon as registered agent. Complete performance of my duties, and I aminon as registered agent. Complete performance of my duties, and I aminon as registered agent. Complete performance of my duties, and I aminon as registered agent.	custody of records in

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Delaware

PAGE

الوزع

The First State

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

DELAWARE, DO HEREBY CERTIFY "TAP 2 OPEN 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 TENTH DAY OF AUGUST, A.D. 2015.

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

5639122 8300

151133963

AUTHENTICATION: 2631210

DATE: 08-10-15

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