M1500 0009518

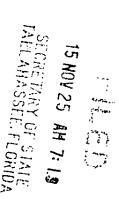
(Re	questor's Name)	,
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(Cit	ty/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
-	<u>—</u>	_
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Carified Canica	Cartificator of	Status
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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16 ACKNOWLE DIGENOR OF FILLING



100 3 0 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO	T200	000	000195
ACCOUNT	TIV.		, , ,	000133

REFERENCE: 858995 7807252

AUTHORIZATION: Smell Bless

COST LIMIT : \$125.00

ORDER DATE: November 3, 2015

ORDER TIME : 3:51 PM

ORDER NO. : 858995-001

CUSTOMER NO: 7807252

FOREIGN FILINGS

NAME: MACATE INNOVATION RESEARCH AND

DEVELOPMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Macate In	novation Res	earch And Deve	lopment, LLC	
			nited Liability Company		
				ansact Business in Florida," Certificato y company to transact business in Flor	
Please return	all correspondence	concerning this matter to	the following:		
	C.	ATIFA S	HORTER		
			Name of Person		
	/:	SAAC DAN	IEL GROUP, 1	vc.	
			Firm/Company		
	٠٤.	401 SW 160	Ave, Suite	430	
			Address		
	14	IRA MAR	/State and Zip Code		
		City	y/State and Zip Code	——————————————————————————————————————	
	14	tifa - shor	tere isaacd	aniel group. co.	27
		E-mail address: (to be u	sed for future annual report notific	ation).	
For further in	formation concerning	g this matter, please call:			
	CATIFA .	SHORTER	at (_305) 37	11 5858	
	Name o	f Contact Person	Area Code Da	ytime Telephone Number	
Divis R e gi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	Divis Regis Clifto 2661	EET ADDRESS: ston of Corporations stration Section on Building Executive Center Circle shassee, FL 32301		
	a check for the for the for the formula in the form	ollowing 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 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:

1. Macate Innovation Research And Development, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	V 1 ()
(value of Foreign Limited Liability Company, must include Limited Liability Company, E.E.C.,	, or live.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternat Liability Company," "L.L.C," or "LL.C.")	te name must include "Limited
₂ Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately approximatel	plicable)
(Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
Suite 430, 3401 SW 160 Avenue	
Miramar, FL, US, 33027	
(Street Address of Principal Office)	
3401 SW 160 Avenue Suite 430	
Miramar, FL, US, 33027	⊋'co
(Mailing Address)	- C
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/aro
SAYO ISAAC DANIEL, PRESIDENT	SSET SSET
3401 SW 160 AVE #430	FIG. 3
MIRAMAR, & 33027	DRING.
Attached is an original certificate of existence, no more than 90 days old, duly auth aving 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 undust be submitted)	A photocopy is not
Devilletia	
Signature of an authorized person naccordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of per naware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro	jury that the facts stated herein are to wided for in \$ 817 155, F.S.)
S. Isaac Daniel	
Typed or printed name of signee	

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.

•	of the Limited Liability ation Research And Deve	,				
If unavailable	e, the alternate to be use	ed in the st	tate of Florida is:			
2. The name	and the Florida street a	iddress of	the registered agent and	office are:		
	Corporation Service (Company			5/-	
			(Name)			15 ≥
	1201 Hays Street				芸芸	NOV 2
	Florida S	street Addres	ss (P.O. Box NOT ACCEPTA	BLE)	ASS AWA	Q
	Tallahassee		FL 32301 City/State/Zip		OF STATE	AH 7: 19
liability comp registered ago statutes relati	any at the place design ent and agree to act in t ing to the proper and co	ated in this his capaci mplete per	accept service of proces s certificate, I hereby act ty. I further agree to co formance of my duties, red agent as provided fo	cept the appoint mply with the pr and I am familia	ment as ovisions o r with an	of all d
	Corporation Service Co	mpany	\ <i>(</i>		ney Will	
	Ву:	(Signatur	ne)	Asst. V	ice Pre	sident
			Filing Fee for Applicat			
			Designation of Registe	•		
	\$ \$		Certified Copy (option Certificate of Status (o	•		

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MACATE INNOVATION RESEARCH AND

DEVELOPMENT, 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-FOURTH DAY OF

NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MACATE

INNOVATION RESEARCH AND DEVELOPMENT, LLC" WAS FORMED ON THE TWENTY
NINTH DAY OF SEPTEMBER, A.D. 2015.

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

125 AM 7:1.9 TARY OF STATE ASSEE, FLORIDA

Authentication: 10487905

Date: 11-24-15

5837161 8300 SR# 20151068663