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SECRETARY OF STATE SECRETARY OF STATE

DEC 01 2015 S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	Sincerus Florida, l	LLC			
SUDJE		Name of I	Limited Liability	Company	
The end Existen	closed "Application by Foreign ce, and check are submitted to	n Limited Liability Comp register the above refere	any for Authoriza	ition to Tra ted liability	nsact Business in Florida," Certificate of company to transact business in Florida
Please	return all correspondence conc	erning this matter to the	following:		
		Roby	n Rudinsky		
		Na	me of Person		
		Sincerus	Florida, LLC		
		Fit	m/Company		
		3265 W.	McNab Road	ł	
			Address	<del> </del>	TES N
		Pompano B	each, FL 330	69	AND WAS THE
		City/St	ate and Zip Code		N 30 PN 5: OI
		_	vividus.com		THE ST ST
For furt	E- her information concerning th	-mail address: (to be used is matter, please call:	for future annual	report noti	fication)
	Robyn Rudinsk	ху	561	404-	8885
	Name of Co	ontact Person	Area Code	Day	ime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Bit Clifton Bit 2661 Execution	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301
Enclose	_	amount: \$130.00 Filing Fee & ertificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	reign Limited Liability Company; must include "Li	mice biadinty company. 12,12,0.,	or "LLC. )
10			
tr name unavailable, enter a Liability Company," "L.L.C.	alternate name adopted for the purpose of transacting or "LLC.")	ig business in Florida. The alternate i	ame must include "Limited
<sub>2.</sub> Delaware	3		
(Jurisdiction under the law company is organized)	v of which foreign limited liability	(FEI number, if applical	le)
1,			
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	- <del></del>
5			
3265 W. McNa	ib Road, Pompano Beach, FL 3306	9	
	(Street Address of Principal Office	ce)	
)			_ XX 5
3285 W. McNa	ab Road, Pompano Beach, FL 3306	59	FILE NOV 30 CRETARY LAHASSE
	(Mailing Address)		一数数の下
'. Name and street addre	ss of Florida registered agent: (P.O. Box NO	T_acceptable)	nic -
Name:	Spencer Malkin		FIST P
Office Address:	3265 W. McNab Road		ONDE STATE
	Pompano Beach	Florida 33069	, J.**
	(City)	(Zip code)	-
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of	egistered agent and to accept service of procedution, I hereby accept the appointment as regions of all statutes relative to the proper and comy position as registered agent.  (Registated agent's significant agent's significan	istered agent and agree to act in complete performance of my duti	this capacity. I further agre
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of a	egistered agent and to accept service of procedution, I hereby accept the appointment as regions of all statutes relative to the proper and comy position as registered agent.  (Registered agent's statutes accity and address of the person(s) who has/have	istered agent and agree to act in complete performance of my duting a grature)  grature authority to manage is/are:	this capacity. I further agrees, and I um familiar with a
designated in this applicate occupy with the provision of the obligations of the obligati	egistered agent and to accept service of procedution, I hereby accept the appointment as regions of all statutes relative to the proper and comy position as registered agent.  (Registated agent's staticty and address of the person(s) who has/haveky- President-3265 W. McNab Roa	gnature)  re authority to manage is/are:  ad, Pompano Beach, FL 3	this capacity. I further agrees, and I um familiar with a
Having been named as relesignated in this applicate of complywith the provising accept the obligations of the same, title or capa Alex Chervins	egistered agent and to accept service of procedution, I hereby accept the appointment as regions of all statutes relative to the proper and comy position as registered agent.  (Registered agent's statutes accity and address of the person(s) who has/have	gnature)  re authority to manage is/are:  ad, Pompano Beach, FL 3	this capacity. I further agrees, and I um familiar with a
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Having been named as redesignated in this applicate occupy with the provision occept the obligations of Alex Chervins  Marc Poirier-  O. Attached is a certificate urisdiction under the law	egistered agent and to accept service of procedution, I hereby accept the appointment as registered of all statutes relative to the proper and comy position as registered agent.  (Registered agents accept and address of the person(s) who has have accept and address of the person(s) who has have accept and address of the person(s) who has have accept and address of the person(s) who has have accept and address of the person(s) who has have accept and address of the person(s) who has have accept and address of the person(s) who has have accept and address of the person(s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and address of the person (s) who has have accept and accept accept and accept and accept accept and accept accept and accept accept accept and accept acc	gnature)  re authority to manage is/are: ad, Pompano Beach, FL 33069  authenticated by the official having a foreign language, a translation	this capacity. I further agrees, and I am familiar with a  3069  g custody of records in the

Alex Chervinsky

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SINCERUS FLORIDA, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2015.

FILED

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE



Authentication: 10457900

Date: 11-19-15

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