

**M15000009845**

Florida Department of State  
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Foreign Limited Liability Company  
Creating Revolutions LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000289731

## 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. CREATING REVOLUTIONS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

## 2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1682761

(FEI number, if applicable)

## 4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

## 5. 1800 North Bayshore Dr., Suite 2311

Miami, FL 33132

(Street Address of Principal Office)

## 6. 1800 North Bayshore Dr., Suite 2311

Miami, FL 33132

(Mailing Address)

## 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: F. Owen Evans III, Esq.

Office Address: 3801 PGA Blvd., Suite 604

Palm Beach Gardens

(City)

, Florida 33410

(Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Einar Rosenberg, Manager

1800 North Bayshore Dr., Suite 2311

Miami, FL 33132

9. Attached is a 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)

Signature of an authorized person

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.

Einar Rosenberg, Manager

Typed or printed name of signer

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# Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREATING REVOLUTIONS 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREATING REVOLUTIONS LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

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

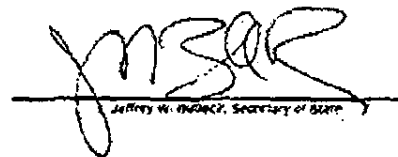
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Jeffrey W. Bullock, Secretary of State

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