

M16000000950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100281628721

02/03/16--01021--015 **155.00

FILED
16 FEB -3 PM 4:55
SECRETARY OF STATE
TOLSON

FEB 04 2016
S. YOUNG



GRIFFITTS O'HARA

BY CERTIFIED MAIL

January 20, 2016

Florida Department of State
Division of Corporations – Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: SoulBuffalo, LLC (the "Company") / Registration of Foreign LLC to Transact Business

Dear Sir or Madam,

Please accept for filing the enclosed Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida. Also enclosed is a check for \$155 in connection with the same.

Please call me at 212-209-5460 or email me at meredith@soulbuffalo.com if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Meredith Ross", with a long horizontal flourish extending to the right.

Meredith Ross
Authorized Representative

FILED
16 FEB -3 PM 4:55
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SoulBuffalo, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Meredith Ross

Name of Person

Griffitts O'Hara, LLP

Firm/Company

257 Park Ave South, FL 6

Address

New York, NY 10010

City/State and Zip Code

meredith@soulbuffalo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meredith Ross

at (212)

209-5450

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
16 FEB -3 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. SoulBuffalo, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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. 47-3151194

(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. 137 Lewis Hollow Rd

Woodstock, NY 12498

(Street Address of Principal Office)

6. 257 Park Ave South, Fl 6

New York, NY 10010

(Mailing Address)

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

Name:

REGISTERED AGENTS INC.

Office Address:

3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Bill Havre/Assistant Secretary/Registered Agents Inc

(Registered agent's signature)

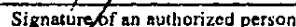
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert Griffitts

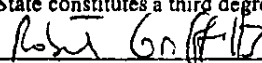
257 Park Ave South, 6th Floor

New York, NY 10010

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.



Typed or printed name of signee

FILED
16 FEB -3 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOULBUFFALO, 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 ELEVENTH DAY OF JANUARY, A.D. 2016.

FILED
16 FEB -3 PM 4:56
SECRETARY OF STATE
JEFFREY W. BULLOCK



5695276 8300

SR# 20160146932

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


Jeffrey W. Bullock, Secretary of State

Authentication: 201653995

Date: 01-11-16