# 1481000011M

(Re	equestor's Name)			
(Ad	ldress)	•		
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•	•	•		
PICK-UP	☐ WAIT	MAIL		
(5)				
(Bu	siness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	Certified Copies Certificates of Status			
G i - 1 I t t t t t t t t t t t	Fill Office			
Special Instructions to	Filing Officer:			

Office Use Only



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**S** MASON

### **COVER LETTER**

	ntion Section of Corporation	ns		
SUBJECT:	Infinite		Limited Liability Compa	any
				o Transact Business in Florida," Certificate of bility company to transact business in Florida
Please return all o	correspondence o	concerning this matter to the	following:	
		Javed 17hod		
		N	ame of Person	
	In	finite Wave	Productions	
	940	Bignonia Rd	-	
			Address	
	West	- Palm Beach	FL 3340	55
		City/S	tate and Zip Code	
-	Javed	E-mail address: (to be used	d for future annual repor	t notification)
For further inform		g this matter, please call:		
	ared 12h	odes f Contact Person	at (S6 L)	758 - 4056 Daytime Telephone Number
Division Registra P.O. Bo			Divi Regi Clift	EET ADDRESS: sion of Corporations stration Section on Building
тапапаs	see, FL 32314			Executive Center Circle chassee, FL 32301
Enclosed is a che ☐ \$125.	ck for the follow 00 Filing Fee	ing 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:

TO THE STATE OF PLONIDA.	Rhod	es LLC		
(Name of Foreign Limited Liability Company, must include "Limited Liab	bility Compan	y," "L.L.C.," or	"LLC.")	
INP Infinite Have fraductions 1				
(If name unavailable, enter alternate name adopted for the purpose of transacting busines Liability Company," "L.L.C," or "LLC.")	s in Florida. 1	The alternate nan	ne must in	iclude "Limited
2. (Jurisdiction under the law of which foreign limited liability company is organized)  3.	(FEI numb	er, if applicable	)	
4. 3-12-16				
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) e penalty liabi	lity)	<del>-</del>	
5. 940 Bignonia Rd			_	
Wost Pelm Beach FL 33405			- 23	
(Street Address of Principal Office)  6. 940 Biomoniu Zd:			96 FE	contigues.
West Palm Back FL 33405		ASS ASS	- 83 - 23	A POPULAR VIEW
(Mailing Address)		<u></u>	O	
7. Name and street address of Florida registered agent: (P.O. Box NOT accepta	able)	S. S.	TO	D
Name: Jarcd Rhodes	<u>.</u>	ATE RIDA	2: <b>2</b> 0	
Office Address: 940 Bighania 12d		4		
West Palm Beach	-	33405		
(City)	_, Florida	(Zip code)	-	
Registered agent's acceptance:		-	···	
Having been named as registered agent and to accept service of process for the designated in this application, I hereby accept the appointment as registered ag	gent and agr	ee to act in thi	is capacii	ty. I further agree
to complywith the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent.	performanc	e of my duties	, and I a	m familiar with an
accept the congunous 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 authori	ity to manage	e is/are:		
Sared Rhodes CEU				_
940 Hymonia Pd	- 131			<u>.</u>
West Palm Buch Pb 33405			<del></del>	_
9. Attached is a certificate of existence, no more than 90 days old, duly authentical jurisdiction under the law of which it is organized. (If the certificate is in a foreign of the translator must be submitted)	ated by the o	fficial having of translation of	custody o	of records in the ficate under oath
Jenn			_	
Signature of an authorized person			-	
This document is executed in accordance with section 605.0203 (1) (b), Florida Stubmitted in a document to the Department of State constitutes a third degree felor	tatutes. I am	aware that any	false inf	ormation

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/24/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **RHODES LLC**

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COMPONIES OF THE

IN TESTEMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160224100353-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx