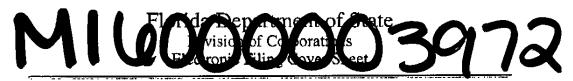
Division of Corporations

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(((H16000121695 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Ö Email Address: Foreign Limited Liability Company Call It Whatever You Want, LLC

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5/18/2016 10:00:12 AM PAGE 1/001 Fax Server



May 18, 2016

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: CALL IT WHATEVER YOU WANT, LLC

REF: W16000035966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H16000121695 Letter Number: 916A00010474

ZBIG MAY 18 AM II: 39

SECRETARION STONE

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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:

(Name of For	ever You Want, LLC		
	oreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	.c."j	
If name unavailable, enter Jiability Company," "L.L.C	e alternate name adopted for the purpose of transacting business in Florida. The alternate name in .C." or "LLC.")	nust include "Limit	ed
Delaware			
	law of which foreign limited liability (FEI number, if applicable)		
company is organized))		
ļ, <u></u>			
	(Date first transacted husiness in Plorids, if prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability)		
10960 Wil	Ishire Boulevard, 5th Floor, Los Angeles, CA	A 90024	
,			
4 0000 M/IL	(Street Address of Principal Office)	A 00004	
5. 10960 VVIIS	lshire Boulevard, 5th Floor, Los Angeles, C	4 90024	
	(Mailing Address)		
7. The name, title o	or capacity and address of the person(s) who has/have authority to mana	ge is/are:	
Evan Lowenstein	, Manager - 10960 Wilshire Boulevard, 5th Floor, Los Angeles, C	A 90024	
Evan Edwendenn,	, Mariager 10000 this inc sourcead, our filed, 200 fingered, or	10002	
3. Attached is an ori	iginal certificate of existence, no more than 90 days old, duly authentica	ted by the office	ial
	iginal certificate of existence, no more than 90 days old, duly authentica ecords in the jurisdiction under the law of which it is organized. (A phot		ial:
naving custody of re acceptable. If the cer	ecords in the jurisdiction under the law of which it is organized. (A photertificate is in a foreign language, a translation of the certificate under oa	ocopy is not	
naving custody of re acceptable. If the cer	ecords in the jurisdiction under the law of which it is organized. (A photertificate is in a foreign language, a translation of the certificate under oa	ocopy is not	
naving custody of re acceptable. If the cer	ecords in the jurisdiction under the law of which it is organized. (A photertificate is in a foreign language, a translation of the certificate under oa	ocopy is not	
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naving custody of re acceptable. If the cer must be submitted)	ecords in the jurisdiction under the law of which it is organized. (A photertificate is in a foreign language, a translation of the certificate under oa	th of the transl	ator
naving custody of re acceptable. If the cer must be submitted)	ecords in the jurisdiction under the law of which it is organized. (A photertificate is in a foreign language, a translation of the certificate under oa	th of the transl	ator
naving custody of re acceptable. If the cer must be submitted)	Signature of an authorized person Solution of this document constitutes an affirmation under the penalties of perjury that mation submitted in a document to the Department of State constitutes a third degree felony as provided for	the focts amond herein in 8817.155, F.53	ator
naving custody of re acceptable. If the cer must be submitted)	Signature of an authorized person Signature of an authorized person Solution of the execution of this document constitutes an affirmation under the penalties of perjury that mattern submitted in a document to the Department of State constitutes a third degree felony as provided for Evan Lowenstein, Manager	th of the transl	ator
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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.

1. The name	THE STATE OF FLORIDATE of the Limited Liability C		
Call It	Whatever You	ı Want, LLC	
If unavailable	e, the alternate to be used i	in the state of Florida is:	
2. The name	and the Florida street add	ress of the registered agent and office are:	
	eResidentA	gent, Inc.	
		(Name)	_
	236 E 6th A		
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32303 FL	
	Tallahassee	FL 32303 City/State/Zip	_
liability comp registered ag statutes relati accept the ob	named as registered agent vany at the place designate ent and agree to act in this ing to the proper and comp	City/State/Zip and to accept service of process for the above id in this certificate, I hereby accept the appoir capacity. I further agree to comply with the p plete performance of my duties, and I am famil registered agent as provided for in Chapter 6	ntment as provisions of all liar with and
liability comp registered ag statutes relati	named as registered agent pany at the place designate ent and agree to act in this ing to the proper and comp ligations of my position as	City/State/Zip and to accept service of process for the above id in this certificate, I hereby accept the appoir capacity. I further agree to comply with the p plete performance of my duties, and I am famil registered agent as provided for in Chapter 6	ntment as provisions of all liar with and

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CALL IT WHATEVER YOU WANT, 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 SROW, AS OF THE SIXTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALL IT WHATEVER YOU WANT, LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2016.

6040547 8300
SR# 20163231217
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202322018

Date: 05-16-16