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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
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COVER LETTER

TO:	egistration Section vision of Corporations
SUBJE	MobyMax, LLC
SCDJE	Name of Limited Liability Company
The end Existen	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please 1	n all correspondence concerning this matter to the following:
	Glynn Willett
	Name of Person
	MobyMax, LLC
	Firm/Company
	75 N Woodward Ave #82918
	Address
	Tallahassee FL 32313-7500
	City/State and Zip Code
	kay.bloomberg@mobymax.com
	E-mail address: (to be used for future annual report notification)
For furt	information concerning this matter, please call:
	ynn Willett 678 619-0105
	Name of Contact Person Area Code Daytime Telephone Number
	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Clifton Building llahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	a check for the following amount: \$125.00 Filing Fee

· 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:

Liability Company," "L.L.C," Delaware	ernate name adopted for the purpose of "LLC.")	f transacting business in Florida. Ti	ha altamata mama		
Delaware	· · · · · · · · · · · · · · · · · · ·		ne anemate name	must includ	e "Limited
** 21 * 1* ** 		3. 47-1644030			
company is organized)	of which foreign limited liability		er, if applicable)		
. <u>6/1/16</u>					
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to registration.) 05, F.S. to determine penalty liabili	ity)		
. 75 N Woodward Ave 82	2918				
Tallahassee FL 32313-7	7500				
	(Street Address of Prin	ncipal Office)	£	(25) 2003 2003	
P.O. Box 392385			12-50		T
Pittsburgh, PA 15251			77	N	
	(Mailing Add	dress)	171	. ب	m
. Name and street address	of Florida registered agent: (P.O.	Box NOT acceptable)	- H	U (5
Name:	Glynn Willett		JE STATE . FLORIDA	Ş: 2 ₆	
Office Address:	75 N Woodward Ave 82918		Þ	.	
	Tallahassee	, Florida 32	2313		
Registered agent's accept:	(City)		(Zip code)		
lesignated in this application complywith the provision occept the obligations of m	ristered agent and to accept service ion, I hereby accept the appointme ns of all statutes relative to the pro- ny position as registered agent. (Registere city and address of the person(s) where	ent as registered agent and agrouper and complete performance and complete performance and agent's signature)	ee to act in this e of my duties, o	capacity. I	l further agree
	ward Ave 82918 Tallahassee FL 32		15,410.		
		11 (4)			
· · · · · · · · · · · · · · · · · · ·					
		old duly authenticated by the o	fficial having cu	stody of re	cords in the
Attached is a certificate of urisdiction under the law of the translator must be sub-	of existence, no more than 90 days f which it is organized. (If the certibinitted)	ificate is in a foreign language, a	translation of t	he certifica	te under oath

Typed or printed name of signee

Glynn Willett

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOBYMAX, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2016.

5590603 8300 SR# 20162515532

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

Authentication: 202207422

Date: 04-25-16

Deposit Date: 5/5/2016 Lockbox: 392385 Batch: 90000

Transaction: 2