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TO:

TO:	Registration Section Division of Corporation	r S		₹	
SUBJI	ECT: Leol	Mark, LLC Name of	Limited Liability Company		-
	closed "Application by Fore	eign Limited Liability Comp	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida,	
Please	return all correspondence co	oncerning this matter to the	following:		
		Akiva J	. Marcus ame of Person		-
			rk, LLC irm/Company		
		F	irm/Company		-
	Make the control of t	7435 A	enida Del Mar Address	Gnit #2803	15 PALES
			nton FL 3343	3	SECRETARY ET PLORION
		·	tate and Zip Code Solve Complete Condition defor future annual report no	າ	PH 2: 31
For fu	rther information concerning		d for future annual report no	tification)	9 9
		J. Marcus	_at (2 0) {	368358	_
	Name o	f Contact Person	Area Code Da	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton I 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follows □ \$125.00 Filing Fee	ing amount: \$\Bigsim \frac{1}{3} \text{130,00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, O of Status & Certified Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605.0902, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	E FOLLOWING IS SUBMITTI	ED TO REGISTER A F	OREIGN LIMITED LIABILITY
		10		
(Name of Fore	LeoMark, L eign Limited Liability Company; must inc	lude "Limited Liability Con	npany," "L.L.C.," or "l	LLC.")
Liability Company," "L.L.C,"		ransacting business in Florid	la. The alternate name	must include "Limited
2. State of	Delaware of which foreign limited liability	3	umber, if applicable)	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI n	umber, if applicable)	
4. NA-None	(Date first transacted business in	Florida if prior to registrati	on)	
	(Date first transacted business in (See sections 605.0904 & 605.0905	* ·	iability)	
5. 7435 Av	enita Del Mar Gr	11 #2803		
Boca Ra	tun > FL 33433	inal Office)		
6. same as Abov		ipai Onice)		. ₹0;
				16 L
**************************************	(Mailing Addre	ess)		
7. Name and street addres	s of Florida registered agent: (P.O. B	Box NOT acceptable)		- 35 FE
Name:	Aking J. Marchs			PR F.F.
Office Address:	7435 Avenida Del M	iar #2803		2: 3: SAFE
	Boca hator		22022	— ***
	(City)	, rione	(Zip code)	
designated in this applicate to complywith the provision	tance: gistered agent and to accept service of tion, I hereby accept the appointmen ons of all statutes relative to the prop my position as registered agent.	it as registered agent and	agree to act in this	capacity. I further agree
	(Rocistered	agent's signature)		
9. The name title or appe	•		unava is/ara:	
-	ncity and address of the person(s) who	•		
7435 Avenià	a Del Mar Unit#280	3		
Boca Baton,				
9. Attached is a certificate	of existence, no more than 90 days of which it is organized. (If the certification of the cer	ld, duly authenticated by	the official having cage, a translation of	ustody of records in the
	Signature of an	n authorized person		
	d in accordance with section 605.0203 to the Department of State constitutes a			
	AKing J. 1	Marchs		

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEOMARK, 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-NINTH DAY OF JUNE, A.D. 2016.

SECRETARY OF STATES

5921176, 8300

SR# 20164636366

Authentication: 202581545 Date: 06-29-16

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