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TO:

Registration Section

Divi	sion of Corporation	ıs				
SUBJECT:	Kith Treats LLC					
50110121711	······································	Name of	Limited Liability (Company		
		reign Limited Liability Comp d to register the above refer				
Please return	all correspondence of	concerning this matter to the	following:			
	lvo Nikolov					
		N	ame of Person	····		
	Kith Treats LL	Ö.				
		F	irm/Company			
	625 Broadway	4 ก				
			Address			
	New York, NY	10012				
		City/S	tate and Zip Code			
	ivo@kithnye.con	1				
		E-mail address: (to be use	d for future annual	report no	tification)	
For further inf	ormation concernin	g this matter, please eall:				
lvo N	Nikolov		646 at (287161	5	
· · ·	Name c	f Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton E 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: ☐ \$130,00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

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:

		clude "Limited Liability Company," "L.L.C.," o	r Li.C. J
		transacting business in Florida. The alternate na	
iability Company," "L.L.C,	" or "LLC.")	-	
New York		3. 47-4535509 (FEI number, if applicable	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	٤)
·	(Date first transacted business in (See sections 605 0904 & 605 0904	. Florida - if prior to registration)	
	(See sections 605.0904 & 605.0905	5, F.S. to determine penalty liability)	
. 1931 Collins Ave			
Miami Beach, FL 3313	19		
	(Street Address of Princ	ipal Office)	
. 625 Broadway 4th fl			
New York, NY 10012			S 9
<u>, , , , , , , , , , , , , , , , , , , </u>	(Mailing Addr	ess)	
. Name and street addres	ss of Florida registered agent: (P.O. E	Box NOT acceptable)	71LE 22 ASSE
Name:	Paul Feldman, Esq.	<u></u>	
Office Address:	2750 NE 185th Street, Suite		9: 2: STAT LORIE
	Aventura	, Florida <u>33180</u>	2
	(City)	, riorida (Zip code)	
esignated in this applica o complywith the provision occept the obligations of i	tion, I hereby accept the appointment ons of all statutes relative to the propmy position as registered agent	of process for the above stated limited liab It as registered agent and agree to act in th Der and complete performance of my dutie agent's signature) I has/have authority to manage is/are:	his capacity. I further ag
vo Nikolov, CFO			
25 Broadway 4th Fl, Nev	v York, NY 10012		
			
. Attached is a certificate	of which it is organized. (If the certifi	ld, duly authenticated by the official having cate is in a foreign language, a translation of	
	ibinited)		
risdiction under the law		>	_
risdiction under the law of the translator must be so	Signature of ar	>	_

Two Nikolov
Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that KITH TREATS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/10/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED 16 SEP 22 AM 9: 22 SECTAL LARY OF STATE

* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of September two thousand and sixteen.

Executive Deputy Secretary of State