

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

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.\*\*

Email Address:\_\_\_\_\_

## Foreign Limited Liability Company Out of the Box, LLC

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$130.00

316 SEP 28 PH

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

9/19/16, 3:14 PM

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

	ITON 605.0902, FLORIDA STATUTES, THE FOULDH! STNESS IN THE STATE OF FLORIDA:	ING IS SUBMITTED TO REGISTER A I	FOREIGN LIMITED LIABILITY
, Out of the Box, LLC			
(Name of Pore	ign Limited Liability Company; must include "Limi	ted Liability Company," L.L.C., "or	'LLC.')
Out of the Box Flowers, L.			4
Liability Company," "LLC,"	ternate name adopted for the purpose of transacting or "LLC,")	business in Florids. The alternate nam	e must include "Limited
2. Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(TEI number, if applicable)	
09/19/2016			7
· · · · · · · · · · · · · · · · · · ·	(Date first framacted business in Florids, if (See sections 605,0904 & 605,0905, F.S. to de	prior to registration.)	是生 一一
S. 11380 Prosperity Form	•=	, , , , , , , , , , , , , , , , , , ,	2016 SEP 28
Palm Beach Gardens, F			28
14005 B	(Street Address of Principal Office		0 2 m
6. 11380 Prosperity Farms	Rend #221E		
Palm Beach Gardens, F	ጊ 33410	•	- S - O
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	acceptable)	2
Name:	Corporate Creations Network Inc.		
Office Address:	11380 Prosperity Farms Road #221E		
	Palm Beach Gardens	, Plorida 33410	_
	(City)	(Zip cods)	
designated in this applica- to complywith the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and comy position as registered agent.	tered agent and agree to uct in the implete performance of my duties	is capacity. I further agree , and I am familiar with and
	(Registered agent's sig	neture)	-
8. The name, title or capa	city and address of the person(s) who has/have	authority to manage is/are:	
Kelle Cantafio - Manager			
11380 Prosperity Parms R	tood #221E, Palm Bench Gardens, Fl. 33410		
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in similarly)	uthenticated by the official having a foreign language, a translation o	custody of records in the fithe contificate under oath
	Signature of an authorize	od person	-
	Lin accordance with section 605.0203 (1) (h), F the Department of State constitutes a third dep		
	Lauren Vadney, Attorney-in- Typed or printed name of		<del></del>

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OUT OF THE BOX, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OUT OF THE BOX, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2016 SEP 28 AM 10: 01

aC

6069131 8300 SR# 20165841641

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

Authentication: 203016721

Date: 09-19-16

850-617-6381

9/20/2016 11:18:14 AM PAGE 1/001 Fax Server



September 20, 2016

## FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: OUT OF THE BOX, LLC

REF: W16000064848

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.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Shelia E Young Regulatory Specialist II FAX Aud. #: H16000232672 Letter Number: 016A00020127

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P.O BOX 6327 - Tallahassee, Florida 32314