M16000009633

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W16-78204						
201 16375 180						
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Office Use Only						
RECEIVEL 6NOV 18 PM 3: 1						
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12/01/16--01017--008 **55.00

FILED
SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT DEC 2 2016

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	CarBrain, LLC				
5020		Name of corporation	n - must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Fore ficate of Existence," or "Cert referenced foreign corporation	ificate of Good Sta	nding" and check are s	sact Business in ubmitted to regi	Florida," ster the
Please	return all correspondence co	ncerning this matte	r to the following:		
MAHA	MOURAD				
		Name of	Person		
CarBra	in, LLC				
		Firm/Cor	npany		_
9050 N	IW 27 AVENUE				川路の
	Y 777 004 17	Addı	ess	10.11.11.	上記 吊 下
MIAM	I, FL 33147				E C
	.00.00.00.00.00.00	City/State a	and Zip code		ANO - I
MAHA	A@CASMIAMI.COM				T 200 2
	E-mail a	ddress: (to be used	for future annual repor	t notification)	
For fur	ther information concerning	this matter, please	call:		95 -
GLAD	YS LOA	305	694-0000		
	Name of Person	at (Area Coo	le Daytime Tele	ephone Number	
Enclos	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 ed is a check for the followir	ele	Registration	Corporations 27	
	0.00 Filing Fee	_	\$78.75 Filing Fee & Certified Copy		ate of Status &

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:

CarBrain, LLC				
I .	eign Limited Liability Company; must	include "Limited Liabi	lity Company," "L.L.C.," or "	LLC.")
If name unavailable, enter al liability Company," "L.L.C.	Iternate name adopted for the purpose	of transacting business	in Florida. The alternate name	e must include "Limited
, DELAWARE	or bbc. ,	3. 36-4841703		
(Jurisdiction under the law	of which foreign limited liability	3	(FEI number, if applicable)	
company is organized) 1. 07/07/2016				
	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if prior to r	egistration.)	
5. 9050 NW 27 AVENUI		1905, F.S. to determine	penalty liability)	
MIAMI, FL 33147				
	(Street Address of Pr	rincipal Office)		
6. SAME AS ABOVE				
	(Mailing A	ddress)		
7. Name and street addres	ss of Florida registered agent: (P.C	D. Box NOT accepta	ble)	
Name:	MAHA MOURAD			
Office Address:	9050 NW 27 AVENUE			
	MIAMI		, Florida <u>33147</u>	
Registered agent's accep	(City)	1	(Zip code)	
designated in this applica to complywith the provisi accept the obligations of	egistered agent and to accept servition, I hereby accept the appointment on sof all statutes relative to the pumy position as registered agent. (Registered address of the person(s))	ment as registered ag proper and complete ered agent's signature)	ent and agree to act in this performance of my duties, ,	s capacity. I further agree
MAHA MOURAD, SEC	RETARY			
520 ENCLAVE CIRCLE	WEST			
PEMBROKE PINES, FL	33027			<u> </u>
	e of existence, no more than 90 day of which it is organized. (If the ce submitted)			
	Y Signature	of an authorized person		-
	·	_		
	d in accordance with section 605.03 of the Department of State constitute.			

Typed or printed name of signee





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

DELAWARE, DO HEREBY CERTIFY "CARBRAIN, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2016.

FILED

FILED

FILED

FILED

FILED



6089621 8300

SR# 20166632427

Authentication: 203334936

Date: 11-15-16

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