## 8801P000001M

(Pa	questor's Name)	
(Re	questors Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
•	•	
Certified Copies	Certificates	of Status
	_	or Otatos
Special Instructions to	Filing Officer:	
1		

Office Use Only



200292675132

12/05/16--01024--012 \*\*125.00

16 DEC -5 AMII: IL

T WASHINGTON DEC 0 6 2016

## COVER LETTER

TO: * Registration Section Division of Corporations			
SUBJECT: Camp No Counselors LLC Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:			
Adam Tichauer Name of Person			
Camp No Counselors LIC Firm/Company			
7083 Hollywood Blvd. Address			
Los Angeles, CA 90028  City/State and Zip Code			
Shiva @ campno counselors. com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Shiva Brennan at (847) 927.4332  Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			
Enclosed is a check for the following amount:  ———————————————————————————————————			

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

IN COMPLIANCE WITH SECTION 605 (902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Camp No Counselors LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Delaware 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. September 8, 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
s. <u>Camp No Counselors LLC 7083 Hollywood</u> Blud.
Los Ariacles, CA 90028 (Street Address of Principal Office)
6. Camp No Counselors LLC 7083 Hollywood Blad.
Los Angeles, CA 90028 (Mailing Address)
and the second of the second o
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Ethan Wall, Esq.
Office Address: 3250 NE 1st Ave Suite 305
Mami, Florida 33137 F
(City) (Zip code) Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.
Ethan Wall
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Adam Tichauer, CFO
Shira Brenman, Director of Business Dev.
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)
Alon 1 it
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Adam Tichaner
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 "CAMP NO COUNSELORS 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 NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMP NO COUNSELORS LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2013.

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

16 DEC -5 AM II: IL

30



Authentication: 203408649

Date: 11-29-16

5439253 8300 SR# 20166812917