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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

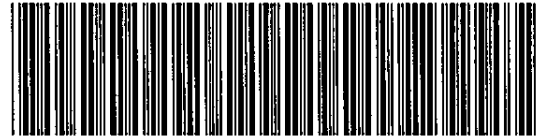
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S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONLY AUTHENTICS 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:

Charles V Rogers

Name of Person

ONLY AUTHENTICS LLC

Firm/Company

550 Okeechobee Blvd Apt 223

Address

West Palm Beach, FL 33041

City/State and Zip Code

JZEVA@PROSPECTIVEACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles V Rogers

212 477-0116  
at ( )

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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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:

1. ONLY AUTHENTICS 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. New Jersey

3. 27-1481359

(Jurisdiction under the law of which foreign limited liability  
company is organized)

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 323-325 Worth Avenue

Palm Beach, FL 33480

(Street Address of Principal Office)

6. 550 Okeechobee Blvd Apt 223

West Palm Beach, FL 33401

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Terrian Fischer

Office Address: 550 Okeechobee Blvd Apt 223

West Palm Beach

(City)

, Florida 33401

(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 comply with 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.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Charles Virgil Rogers (Owner)

Jonathan Zeva, CPA (CFO)

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).

  
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.

Charles Virgil Rogers

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STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

ONLY AUTHENTICS LLC  
0600352571

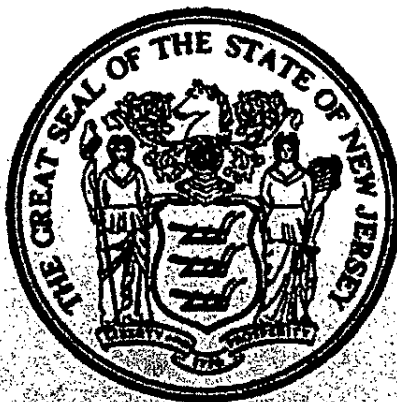
*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 04, 2009.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2016*

*I further certify that the registered agent and office are:*

CHARLES VIRGIL ROGERS  
7855 BLVD EAST  
APT 27J  
NORTH BERGEN, NJ 07047

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IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
4th day of January, 2017

*Ford M. Scudder*

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6076753536

Verify this certificate online at

[https://www1.state.nj.us/TYTR-StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR-StandingCertJSP/Verify_Cert.jsp)