111700000000181

(Red	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500294079675

17 JAN 26 AM 9 46
SECRETATION STATE
TAIL VALUE SEED TO STATE
TAIL VALUE SEED TO STATE
TAIL VALUE SEED TO STATE
TO STATE SEED TO STATE
TO

0155777231427367550.00

South to the ring of the state of the state

D. SCOTT JAN 3 0 2017



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 27, 2017

SUNSHINE CORPORATE

SUBJECT: ASQUARED LABS, LLC

Ref. Number: W17000007871

Place resultate the

We have received your document for ASQUARED LABS, LLC and your check(s) totaling \$310.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e). Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 517A00001700...

Ċ

14:5 Hd LZHift LL

www.sunbiz.org

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	1-26-17	
	,	
Name:	a Souared Brands LL	_
Document #:	Dee UCS	
Order #:		
Certified Copy of Arts & Amend:		
Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:	
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ 155.00	7 JAN 26 AM 9 46 CORETAINS OF STATE LLTHASSEE THOREIN

COVER LETTER

SUBJECT.	Squared Brands LI	_C						
SUBJECT:	·		Limited Liability	Company	•			
		eign Limited Liability Com d to register the above refer						
Please return al	correspondence of	concerning this matter to the	following:					
	Dolores Burtor	1						
		N	lame of Person					
	United Corpora	nte Services, Inc.						
Firm/Company						··		
	100 State Stree	t, Suite 800						
		· · · · · · · · · · · · · · · · · · ·	Address					
	Albany, New York 12208						17	
		City/S	State and Zip Code	!				
quicksandplayground@gmail.com				₩ 26				
		E-mail address: (to be use	d for future annua	report not	ification)	1,112	77.	111
For further info	rmation concernin	g this matter, please call:					946	<u> </u>
	Name o	of Contact Person	at (Area Code) Day	time Telephone Nu	ımber		
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding centive Center Circl ee, FL 32301	le		
	neck for the follow 5.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Cortified Copy	ng Fee &	☐ \$160.00 Filing of Status & Certi			e

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

IN COMPLIANCE WITH SECTION 605 D902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

aSquared Labs, LLC	SINESS IN THE STATE OF FEOR					~
(Name of Fore	eign Limited Liability Company; i	nust inch	ide "Limited Liab	ility Company," "L.L.C.," or	r "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purp	ose of tra	insacting business	in Florida. The alternate nat	me must include "Lir	mited
2. Delaware		3.	46-5631606			
(Jurisdiction under the law company is organized)	of which foreign limited liability	-	 	(FEI number, if applicable)	~
4 Upon Filing	·	*				
	(Date first transacted bus (See sections 605.0904 & 6	iness in F	lorida, if prior to	registration.)		
5. 1300 Brickell Bay Dri		00,0,00,	7.0.10 401111111	ponumy nuomny,		
Miami, FL 33131					- ಫ್ಯ	<u></u>
	(Street Address	of Princip	al Office)		- ES	_
6. 382 NE 191st St #9840	6	•				E T
Miami, FL 33179						26
	(Mailir	g Addres	is)			1:1
7. Name and street address	ss of Florida registered agent:	(PO Bo	x NOT accents	ible)	:- <u>;</u>	
Name:	Allan Vainstock		<u>ii.e.</u>			94 S
Office Address:	1300 Brickell Bay Drive #24	07		•	, 1º	.,,
	Miami, FL			Etorida 33131		
	(City)			, Florida 33131 (Zip code)	-	
designated in this applicate to complywith the provision	gistered agent and to accept s tion, I hereby accept the appo ons of all statutes relative to t my position as registered agen	intment reprope	as registered ag	ent and agree to act in th	his capacity. I furt	her agree
	By: //	~- V	<u> </u>			
	(Reg	istered a	gent's signature)			
8. The name, title or capa	acity and address of the person	(s) who	has/have authori	ty to manage is/are;		
Allan Vainstock Member	1300 Brickell Bay Drive #2	407. Mi	ami, Florida 331	31		
Adam Odrobina Member	40 Mildred Drive, Cheekto	waga, N	ew York 14225			
					····	
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 of which it is organized. (If the abmitted)	days old	l, duly authentic aters in a foreig	ated by the official having n language, a translation o	g custody of records of the certificate un	s in the der oath
	Signati	ire of an	authorized person			
This document is executed submitted in a document to	d in accordance with section 60 the Department of State const Allan Vainstock	5.0203 (itutes a t	1) (b), Florida S hird degree felo	tatutes. I am aware that an ny as provided for in s.81°	ny false information 7.155, F.S.	1

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 "ASQUARED LABS, 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-SIXTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASQUARED LABS, LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2014.

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



Authentication: 201937690

Date: 01-26-17

\$526062 8300 \$R# 20170470894

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