

M17000000888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

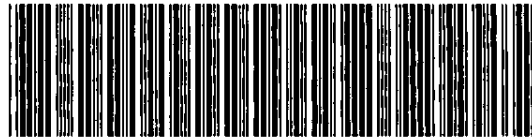
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01/09/17--01048--022 **155.00

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17 JAN -9 PM 2:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2017

JOSHUA KRITZER
ENTERTAINMENT BENEFITS GROUPS, LLC
5551 VANGUARD STREET
ORLANDO, FL 32819

SUBJECT: ANALYTIX MANAGEMENT GROUP, LLC
Ref. Number: W17000002411

We have received your document for ANALYTIX MANAGEMENT GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 H Young
Regulatory Specialist II

Letter Number: 417A00000647

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Analytix Management Group, 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:

Joshua Kritzer

Name of Person

Entertainment Benefits Group, LLC

Firm/Company

5551 Vanguard Street

Address

Orlando, FL 32819

City/State and Zip Code

jkritzer@entertainmentbenefits.com

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

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For further information concerning this matter, please call:

Joshua Kritzer

305
at ()

907-5076

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

**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. Analytix Management Group, 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. 81-4588448
(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. 19495 Biscayne Blvd., Suite 300
Aventura, FL 33180
(Street Address of Principal Office)

6. 19495 Biscayne Blvd., Suite 300
Aventura, FL 33180
(Mailing Address)

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

Name: Craig M. Dorne, PA
Office Address: 2655 S Le Jeune Rd PH 2C
Coral Gables, Florida 33134
(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 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.

[Signature]
(Registered agent's signature)

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

Ryan McCoy, President
19495 Biscayne Blvd., Suite 300
Aventura, FL 33180

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]
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.

Joshua S. Kritzer, In-House Counsel

Typed or printed name of signee

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Delaware

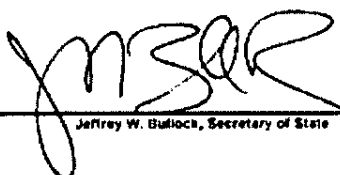
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ANALYTIX MANAGEMENT GROUP, 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-FIFTH DAY OF JANUARY, A.D. 2017.

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Jeffrey W. Bullock, Secretary of State

6210134 8300

SR# 20170430083

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

Authentication: 201931040

Date: 01-25-17

From:

11/10/2016 10:20

#022 P.003/003

State of Delaware

Secretary of State

Division of Corporations

Delivered 09:26 AM 11/10/2016

FILED 09:26 AM 11/10/2016

SR 20166575686 - File Number 6210134

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Analytix Management Group, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 3500 S. Dupont Highway (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Incorporating Services, Ltd.

By: 

Authorized Person

Name: Joshua S. Kritzer

Print or Type

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