# M700004570

(Requ	uestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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#### COVER LETTER

TO:	Registration Section
	Division of Corporation

OVEX 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:

## Alain Rostain Name of Person LOVEX, LLC Firm/Company 382 NE 191st St #94031 Address Miami, Florida 33179-3899 City/State and Zip Code alain@lovex.com

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

For further information concerning this matter, please call:

#### Alain Rostain

Name of Contact Person

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

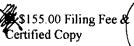
**STREET ADDRESS:** 

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



\$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:

2. New York, USA (Insufaction under the law of which foreign lenied liability company is organized)  4. n!a  (Date first transcried heatines in Plortels, if prior to registrates) (See pection 605.090 & 605.0901, if 3. in determine petalsy lethiny)  5. 1850 S Ocean Dr., #3401. (Since Address of Flicipal Diffice)  Hallandale Beach, FL 33009  Miami, Florida 33179-3899  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Alain Rostain  Office Address:  382 NE 191st St #94031  Miami  Florida 33179-3899  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability simple at this place designated in this application. I hereby accept the appointment as registered agent and agree to act in this subjection. I hereby accept the appointment as registered agent and agree to act in this subjection. I hereby accept the appointment as registered agent and agree to act in this subjection. I hereby accept the appointment as registered agent and agree to act in this subjection of purpose to comply with the provisions of all statutes relative to the proper and complete performance of my duties. Address:  (Registered agent, all and address)  (Registered agent, all and address)  (Registered agent and address)  (Registered age	(If name unavailable, enter alternate)	name adopted for the purpose of transactin	g business in Florida. T	he alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")	
(the first transacted beatiness in Florida.) If price to registration.)  (the first transacted beatiness in Florida.) If price to registration.)  (the first transacted beatiness in Florida.) If price to registration.)  (the first transacted beatiness in Florida.)  (the first transacted beatiness.)  (t	2 New York, USA			3 47-3598894	,	
(City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability further agent to comply with the provisions of all statutes relative to the proper and complete performance of my dutles, single further and accept the obligations of my position as registered agent.  (Registered agent's injustice)  Registered agent and address:  Title or Capacity:  Name and Address:  Name and Address		hich foreign limited liability company is o	rganized)		ber, if applicable)	
5. 1850 S Ocean Dr., #3401.  (Street Address of Phincipal Office) Hallandale Beach, FL 33009  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Alain Rostain Office Address: 382 NE 191st St #94031  Miami Florida 33179-3899  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Alain Rostain Office Address: 382 NE 191st St #94031  Miami Florida 33179-3899  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability physical at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this confaction further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, skid and amiliar 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:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address:  Owner Alain Rostain  382 NE 191st St #9403  Miami. Florida 33179-3:  (Use attachments if necessary)  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)	4. n/a					
(Use attachments if necessary)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  Miami, Florida 33179-3899  Miami, Florida 33179-3899  (P.O. Box NOT acceptable)  Name: Alain Rostain  Office Address:  Alain Rostain  Office Address:  (City)  (City)  (City)  (City)  (City)  (Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability of parties agent to comply with the provisions of all statutes relative to the proper and complete performance of my duties, which a mid-multiple with and accept the obligations of my position as registered agent.  (Registered agent's signalure)  (Registered agent and agree to act in this subaction of further agree to complete performance of my duties, which a mid-multiple with and accept the obligations of my position as registered agent.  (Registered agent's signalure)  (Registered agent and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  (Use attachments if necessary)  (Use attachments if necessary)  (Use attachments if necessary)  (Use attachments if necessary)  (Use attachments be submitted)		(Date first transacted business in Fi (See sections 605.0904 & 605.090)	orida, if prior to registra S, F.S. to determine pen	ition.) alty liability)	<del></del>	
Hallandale Beach, FL 33009  Miami, Florida 33179-3899  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Alain Rostain  Office Address:  Miami  Office Address:  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability imports at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this subjection of further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, what and familiar with and accept the obligations of my position as registered agent.  (Registered agent's signalure)  Registered agent and agree to act in this subjection of my position as registered agent.  (Registered agent's signalure)  Registered agent and agree to act in this subjection of my position as registered agent.  (Registered agent's signalure)  Registered agent and agree to act in this subjection of my position as registered agent.  (Registered agent's signalure)  Registered agent and agree to act in this subjection of my position as registered agent.  (Registered agent's signalure)  Registered agent and agree to act in this subjection of my position as registered agent and agree to act in this place agree agent and agree to act in this place agree agent and agree to act in this place agree agent and agree to act in this place agree agent and agree to act in this place agree agree agent and agree to act in this place agree agree agent and agree to act in this place agree agree agent and agree to act in this place agree agree agent and agree to act in this place agree				6. 382 NE 191st St #94	1031	
Name: Alain Rostain  Office Address: 382 NE 191st St #94031  Miami , Florida 33179-3899  (Zip code)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability on position at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this calacitive further agree to comply with the provisions of all states relative to the proper and complete performance of my duties, which amiliar with and accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity: Name and Address: Title or Capacity: Name and Address:  Owner Alain Rostain  382 NE 191st St #9403  Miami. Florida 33179-3:  (Use attachments if necessary)  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)				· · · · · · · · · · · · · · · · · · ·		
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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 of further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and amiliar with and accept the obligations of my position as registered agent.  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Owner  Alain Rostain  382 NE 191st St #9403  Miami. Florida 33179-3i  (Use attachments if necessary)  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)		· · · · · · · · · · · · · · · · · · ·	City)			
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Signature of an authorized person	8. The name, title or cap <u>Title or Capacity:</u> Owner	acity and address of the personal Rostain Alain Rostain 382 NE 191st Miami. Florida	d agent.  egistered agent's signatuon(s) who has/haess:  St #9403	ve authority to manage is/are:	OF STAILS	
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Typed or printed name of signee

# State of New York Department of State } ss:

I hereby certify, that WITH INFINITE LOVE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/24/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to LOVEX, LLC was filed on 10/12/2016.

I further certify, that no other documents have been filed by such Limited Liability Company.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 09th day of May two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State