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COVER LETTER

	gistration Section ision of Corporation	ns .				
. SUBJECT:	Nani01 LLC					
		Name of	Limited Liability (Company		
					nnsact Business in Florida," Certificate of y company to transact business in Florida.	
Please return	all correspondence	concerning this matter to the	following:			
	Roi Turgeman.	. EA				
		N	ame of Person			
	Rotmar Grp Inc					
	Firm/Company					
	900 Biscayne Blvd #1409					
Address						
	Miami, FL 331	32				
City/State and Zip Code						
	roi.abc@rotmarg	grp.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further is	nformation concerning	g this matter, please call:				
Roi Turgeman			646 at (705-64	75	
_	Name o	of Contact Person	Area Code	Day	time 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		of Corporations ion Section uilding centive Center Circle		
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$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 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Lamited Liability Company; must include "Lamited Liability Company;" "L.L.C." or "LLC.") Nani02 LLC Iff 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."] (Jurisdiction under the law of which foreign limited liability company is organized) (Fi:I number, if applicable) 08/01/2017 6 1218 N Marshall St. Philadelphia, PA 1912 249 S Federal Hwy, Dania Beach, FL 33004 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Roi Turgeman Name: 900 Biscayne Blvd #1409 Office Address: Miami 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 agant: (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: Member-Manager Pnina Dekel (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) 10. 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. Signature of an authorized person

Typed or printed name of signee

Roi Turgeman

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/25/2017



TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Nani01 LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170725171682-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify