M1700000 8254

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<u> </u>
(0)	.y/Otate/2.ip// Hone #	7)
PICK-UP	WAIT	MAIL
	siness Entity Name	
(50	Siness Entity Warne	•,
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filias Officer	
Special instructions to	Fliing Officer.	

Office Use Only



100303580211

05/26/17--01014--030 **130.00

2917 SEP 26 PM 3: 58

SEP 27 2017 J. HARRIS

COVER LETTER

TO: .		ation Section n of Corporation:	•				
SUBJE		camore Connectio	n LLC				
30031			Name of I	imited Liability C	ompany		
The en Exister	closed "A nce, and cl	pplication by Fore neck are submitted	ign Limited Liability Comp I to register the above refere	any for Authorizat aced foreign limite	ion to Tra ed liability	insact Business in Florida," Certifi company to transact business in I	cate of Florida.
Please	return all	correspondence co	oncerning this matter to the	following:			
		Andre Calixte					
			Na	ame of Person	_		
		Warehouse Goo	ds LLC				
			Fi	rm/Company	••		
		6501 Park of Co	mmerce Blvd, Suite 200				
				Address			
		Boca Raton, FL	33487				
			City/Si	tate and Zip Code		······································	
		acalixte@gnln.co	m				
			E-mail address: (to be used	I for future annual	report not	illication)	
For fu	rther infor	mation concerning	this matter, please call:				
	Andre	Calixte		561 at (503-423	88	
	-	Name of	Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registr P.O. Be	ING ADDRESS: n of Corporations ation Section ox 6327 issee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding ceutive Center Circle see, FL 32301	
Enclos		eck for the followi 5.00 Filing Fee	ing amount: \$\int \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	te

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:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited !	iability Company," "L.L.C," or "L	i.c.")
2. Delaware		3. 30-0986066		_
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nu	mber, if applicable)	
4. <u>N/A</u>				
	(Date first transacted business in Florida, if prior to i (See sections 605,0904 & 605,0905, F.S. to determine			
5. 6501 Park of Commerc	ce Blvd, Suite 200	6. 6501 Park of Commerce	Blvd, Suite 200	_
(Street Address of 1 Boca Raton, FL 33487	Principal Office)	(Mailing A Boca Raton, FL 33487	ddress)	
Doca Raton, 112 33407)-· (12)	_
				— cantro
7	- Cristian administration (P.O. Pow	NOT accordable)		********
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptance)	26	p p
Name:	Warehouse Goods LLC			F = *
Office Address:	6501 Park of Commerce Blvd Suite 20)	; DX	
Office Hadiness.	Danie But da	12487	; ယ္	1
	Boca Raton (Cay)	, Florida <u>33487</u> (Zinc	. <u> </u>	
to comply with the provis	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered anew.	and complete performance of m	y duties, and I am famil	liar with
to comply with the provis and accept the obligation 8. The name, title or cap	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have	and complete performance of m signature) s/have authority to manage is/are	y duties, and I am famil	liar with
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	ions of all statutes relative to the propers of my position as registered agent's (Registered agent's acity and address of the person(s) who have and Address:	s/have authority to manage is/are Title or Capacity:	y duties, and I am famile : Name and Address	iar with
to comply with the provision accept the obligation 8. The name, title or cap	acity and address of the person(s) who hand address: 6501 Park of Commerce Blvd	signature) ss/have authority to manage is/are Title or Capacity:	Name and Address 6501 Park of Comm	iar with 5: nerce Blvd
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	ions of all statutes relative to the propers of my position as registered agent's (Registered agent's acity and address of the person(s) who have and Address:	s/have authority to manage is/are Title or Capacity:	y duties, and I am family Name and Address 6501 Park of Comm	iar with 5: nerce Blvd
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: 6501 Park of Commerce Blvd Suite 200	s/have authority to manage is/are Title or Capacity:	Name and Address 6501 Park of Comm	iar with 5: nerce Blvd
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address: 6501 Park of Commerce Blvd Suite 200	s/have authority to manage is/are Title or Capacity:	Name and Address 6501 Park of Comm	iar with 5: nerce Blvd
to comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity: Aaron LoCascio, CE	(Registered agent's acity and address of the person(s) who have and Address: 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487	s/have authority to manage is/are Title or Capacity:	Name and Address 6501 Park of Comm	iar with 5: nerce Blvd
8. The name, title or cap Title or Capacity: Aaron LoCascio, CE	acity and address of the person(s) who ha Name and Address: 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487	signature) is/have authority to manage is/are Title or Capacity: Zachary Tapp, CFO	Name and Address 6501 Park of Command Suite 200 Boca Raton, FL 33	s: nerce Blvd
8. The name, title or cap Title or Capacity: Aaron LoCascio, CE (Use attachments if neces	(Registered agent's acity and address of the person(s) who have and Address: O 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487 e of existence, no more than 90 days old, of which it is organized. (If the certificate	and complete performance of m signature) s/have authority to manage is/are Title or Capacity: Zachary Tapp, CFO duly authenticated by the official	Name and Address 6501 Park of Community Suite 200 Boca Raton, FL 33	s: nerce Blvd 487
8. The name, title or cap Title or Capacity: Aaron LoCascio, CE (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be seen and accept the order.)	(Registered agent's acity and address of the person(s) who have and Address: O 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487 e of existence, no more than 90 days old, of which it is organized. (If the certificate	and complete performance of m signature) s/have authority to manage is/are Title or Capacity: Zachary Tapp, CFO duly authenticated by the official e is in a foreign language, a trans	Name and Address 6501 Park of Community Suite 200 Bocg Raton, FL 33-	s: nerce Blvd 487
8. The name, title or cap Title or Capacity: Aaron LoCascio, CE (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be seen and accept the order.)	ions of all statutes relative to the propers of my position as registered agent's acity and address of the person(s) who have and Address: 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487 essary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605,020, of the Department of State constitutes a th	duly authenticated by the official e is in a foreign language, a trans (1) (b), Florida Statutes. I am avird degree felony as provided for	Name and Address 6501 Park of Community Suite 200 Bocg Raton, FL 33-	s: nerce Blvd 487
8. The name, title or cap Title or Capacity: Aaron LoCascio, CE (Use attachments if necessity is a certificate for independent of the translator must be seen and accept the order of the translator must be seen and accept the law of the translator must be seen and accept the law of the translator must be seen accept to the company to	ions of all statutes relative to the propers of my position as registered agent's acity and address of the person(s) who have and Address: 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487 essary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605,020, of the Department of State constitutes a th	and complete performance of m signature) s/have authority to manage is/are Title or Capacity: Zachary Tapp, CFO duly authenticated by the official e is in a foreign language, a trans	Name and Address 6501 Park of Community Suite 200 Bocg Raton, FL 33-	s: nerce Blvd 487
8. The name, title or cap Title or Capacity: Aaron LoCascio, CE (Use attachments if necessity is a certificate for independent of the translator must be seen and accept the order of the translator must be seen and accept the law of the translator must be seen and accept the law of the translator must be seen accept to the company to	ions of all statutes relative to the propers of my position as registered agent's acity and address of the person(s) who have and Address: 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487 essary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605,020, of the Department of State constitutes a th	duly authenticated by the official e is in a foreign language, a trans (1) (b), Florida Statutes. I am avird degree felony as provided for	Name and Address 6501 Park of Community Suite 200 Bocg Raton, FL 33-	s: nerce Blvd 487



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "BOCAMORE CONNECTION LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF MARCH,

A.D. 2017, AT 4:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

Section 1

Authentication: 203256486

Date: 09-20-17