| (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer: | (Requestor's Name) (Address) | 100306692371 |
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| | | CO | VER LETTER | | | |
|-------------------|--|--|-------------------------------------|---|---|-------|
| | istration Section ision of Corporation | s | | | | |
| SUBJECT: | Ptownloveshack, LL | с | | | | |
| SUBJECT | | Name of I | Limited Liability C | ompany | | |
| | | | | | nsact Business in Florida," Cer company to transact business | |
| Please return | all correspondence c | oncerning this matter to the | following: | | | |
| | Adam Singer | | | | | |
| | | N | ame of Person | | | |
| | Ptownloveshack | , LLC DBA Adam's Nest | | | | |
| | | Fi | rm/Company | | | |
| | 201 Aqua Aven | ue, #803 | | | | |
| | | | Address | | | |
| | Miami Beach, F | L 33141 | | | | |
| | | City/S | tate and Zip Code | | | |
| | adam@adamsnes | Leon | | | | |
| | | E-mail address: (to be used | d for future annual | report not | ification) | |
| For further i | nformation concerning | g this matter, please call: | | | | |
| Ad | am Singer | | 917 | 450-86- | 42 | |
| | Name o | f Contact Person | at (Area Code | Day | time Telephone Number | |
| Div Reį P.C | ILING ADDRESS: ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | ADDRESS: of Corporations on Section uilding ocutive Center Circle ee, FL 32301 | |
| | a check for the follow \$125.00 Filing Fee | ing amount: \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin, Certified Copy | g Fee & | 5 160.00 Filing Fee, Certif of Status & Certified Copy | īcate |

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREGON TIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Ptownloveshack, LLC | | | | | <u> </u> | |
|--|---|-------------|--|---------------------------------------|--------------|----------|
| (Name of Foreign | Limited Liability Company; must include "Limite | d Liabilu | y Compa | ny," "L.L.C.," or "LLC.") | | |
| Adam's Nest, LLC | | | | | | |
| If name unavailable, enter alternate r | ame adopted for the purpose of transacting business in Flo | rida. The a | lternate nai | ne must include "Limited Liability Co | mpany," "L_I | |
| 2 The Commonwealth of | Masachusetts | 3. | 81-174 | 48359 | | |
| | hich foreign limited liability company is organized) | | | (FEI number, if ap | plicable) | |
| 4. December 6, 2017 | | | | | | |
| | (Date first transacted business in Horida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ | | | | | |
| 5. Ptownloveshack, LLC | | 6. | 6. Ptownloveshack, LLC DBA Adam's Nest | | | |
| (Street Address of | Principal Office) | | | (Mailing Address) | | |
| 379 Commercial Street | , Unit 19A | | <u>201 Ac</u> | jua Avenue, Apt 803 | | 1 |
| Provincetown, MA 02 | 657-2316 | | Miami | Beach, FL 33141-5879 | | <u> </u> |
| 7. Name and <u>street addre</u> s | ss of Florida registered agent: (P.O. Box | NOT | acceptal | ble) | | |
| Name: | Adam Singer | | | | | -0-1-1- |
| Office Address: | 201 Aqua Avenue, Apt 803 | | | | | |
| | Miami Beach | | | , Florida <u>33141-5879</u> | _ | |
| | (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 of registered agenf.

Registered agent's signature)

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

Name and Address: Adam Singer Manager 201 Aqua Avenue, Apt 803 Miami Beach, FL 33141-5879

(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 deurce felone as provided for in s.817.155 F.S.

| ACC | | dea 101 11 3.017,1799. |
|-------------|-----------------------------------|------------------------|
| | Signature of an authorized person | |
| Adam Singer | A | |
| | Typed or printed name of signee | |



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

William Francis Galvin Secretary of the Commonwealth

Date: December 13, 2017

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed

in this office by

PTOWNLOVESHACK, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on

March 09, 2016.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;

that said Limited Liability Company has not been administratively dissolved; and that, so far as

appears of record, said Limited Liability Company has legal existence.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

remins Galecin lleans

Secretary of the Commonwealth

Certificate Number: 17120317190 Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx Processed by: