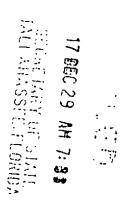
## M17 0000 11011

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/29/17--01037--010 \*\*125.00



## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	MILLENNIUM MA	ARKETING SERVICES LL				
		Name of I	Limited Liability (	Company		
		reign Limited Liability Comp d to register the above refere				
Please return a	ll correspondence o	concerning this matter to the	following:			
	SCOTT E TIK	IN				
		N	ame of Person			
	SOUTH FLOR	IDA TAX				
		Fi	rm/Company	·		
	12401 ORANG	GE DRIVE STE 222				
			Address			
	DAVIE, FL 33	3330				
		City/S	tate and Zip Code			
	SFTAX@AOL.	СОМ				
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future annual	report not	ification)	
For further infe	ormation concernin	g this matter, please call:				
SCO'	TT E ITKIN		954 at (	458-20	00	
•	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O. I	LING ADDRESS: ion of Corporations tration Section 30x 6327 nassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	heck for the follow 25.00 Filing Fee	ing amount:    \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## 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:

DELAWARE				miny company, minc, or	"1.1.C."
		3. 82-	2411898		
(Jurisdiction under the law of wh	ich foreign linuted liability company is organized)		(FEI numb	er, :f applicable)	
N/A					
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registration ) rmine penalty habilit	y)		
225 SOUTH STATE S			8 TOWN CENTER RO	AD STE 104	
(Street Address of P		0. <u></u>	(Mailing Addr		_
DOVER, DE 19903	<del></del>	BO	CA RATON, FL 33486	<u> </u>	
Name and street address	of Florida registered agent: (P.O. Be	ox <u>NOT</u> accep	otable)	7	
Name:	SOUTH FLORIDA TAX				
Nume.	12461 OD LVIOR DDIVIR OWN AGA		<del></del>	<i>5</i> 2 € 10	
	12401 ORANGE DRIVE, STE 222			50 m	3
Office Address:			<del></del>		•
Office Address:	DAVIE		— . Florida 33330		;
gistered agent's accept ving been named as rej ignated in this applicat comply with the provision	ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to life proportion of my position as febistered agant.	as registered er and comple	agent and agree to act	liability company a	urthe
egistered agent's accept aving been named as reg signated in this applicat comply with the provision d accept the obligations	ance: gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prop	us registered er and comple t's signature)	(Zip code he above stated limited agent and agree to act te performance of my a	liability company a	urthe
egistered agent's accept living been named as reg signated in this applicat comply with the provision d accept the obligations	ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proportion of my position as feetistered agent.  (Registered agent)	us registered er and comple i's signature) has/have autho	(Zip code he above stated limited agent and agree to act te performance of my a	liability company a	urthe niliar
gistered agent's accept wing been named as reg signated in this applicat comply with the provisid d accept the obligations The name, title or capa	ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to life prop of my position us fogistered agent (Registered agent eity and address of the person(s) who	us registered er and comple i's signature) has/have autho	the above stated limited agent and agree to act to the performance of my act to the performance of my act to manage is/are:	liability company as in this capacity. I fi	urthe niliar
egistered agent's accept swing been named as reg signated in this applicat comply with the provision d accept the obligations The name, title or capa Title or Capacity:	ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proport my position as feelistered agent.  (Revistered agent city and address of the person(s) who Name and Address:	us registered er and comple ('s signature)  has/have author	the above stated limited agent and agree to act to the performance of my act to the performance of my act to manage is/are:	liability company as in this capacity. I fi	urthe niliar
egistered agent's accept aving been named as reg signated in this applicat comply with the provision d accept the obligations The name, title or capa Title or Capacity:	ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to life proport my position as relative to accept the appointment of my position as relative to life proport with a position as relative to life proport my position and address of the person(s) who Name and Address:    SCOTT E ITKIN   12401 ORANGE DR STE 2	us registered er and comple ('s signature)  has/have author	the above stated limited agent and agree to act to the performance of my act to the performance of my act to manage is/are:	liability company as in this capacity. I fi	urthe niliar
egistered agent's accept aving been named as reg signated in this applicat comply with the provision d accept the obligations The name, title or capa Title or Capacity:	ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to life proport my position as relative to accept the appointment of my position as relative to life proport with a position as relative to life proport my position and address of the person(s) who Name and Address:    SCOTT E ITKIN   12401 ORANGE DR STE 2	us registered er and comple ('s signature)  has/have author	the above stated limited agent and agree to act to the performance of my act to the performance of my act to manage is/are:	liability company as in this capacity. I fi	urthe niliar

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "MILLENNIUM MARKETING SERVICES

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 EIGHTH DAY OF AUGUST, A.D. 2017, AT 11:56 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "MILLENIUM MARKETING SERVICES LLC" TO "MILLENNIUM MARKETING SERVICES LLC", FILED THE TWENTY-FIRST DAY OF AUGUST, A.D. 2017, AT 9:06 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "MILLENNIUM MARKETING

SERVICES LLC".

Authentication: 203814929

Date: 12-21-17

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Page 2



AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILLENNIUM MARKETING SERVICES LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2017.

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



Authentication: 203814929

Date: 12-21-17