# 11/80000000/86

	(ive	_		
	(Acc.	- —		-
	(A~:		-	
	<del>(::</del>	2 #		
PICK	-UP			
	(;	-		
	ξ.	_		
Certified Copies _		, :,		
Special Instruction	ons tr			



500307527245

01/09/18--01001--001 \*\*125.00

SECRETARY OF STATE DIVISION OF CORPORATION

18 JAN -8 AH 9: 07



K. SALY JAN - 9 2018

## CORPORATE ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK UI	P: 1/8
	CERTIFIED COPY  PHOTOCOPY  CUS  FILING  M 8 Enter or ses  (CORPORATE NAME AND DOCUMENT	Toreign LLC
	(CORPORATE NAME AND DOCUMENT	Γ#)
	(CORPORATE NAME AND DOCUMENT	[#)
	(CORPORATE NAME AND DOCUMENT	Γ#)
	(CORPORATE NAME AND DOCUMENT	Γ#)
	(CORPORATE NAME AND DOCUMENT	· #)
CIA TRU	L CTIONS:	

#### **COVER LETTER**

	egistration Section Ivision of Corporatio	ns		
SHR IFOT	M8 Enter	prises LLC		
JOBSEC 1	•	Name of Lim	ited Liability Company	
The enclose Existence,	ed "Application by Fo and check are submitte	reign Limited Liability Co ed to register the above ref	mpany for Authorization to Tra erenced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please retui	rn all correspondence	concerning this matter to t	he following:	
	Bruce \	Veil, Esq.		
			Name of Person	
	Boies S	Schiller Flexi	ner LLP	
			Firm/Company	
	100 S.E	E. 2nd Stree	t, Suite 2800	
	<del></del>	<u> </u>	Address	
	Miami I	FL 33131		
			/State and Zip Code	
	bweil@	bsfllp.com		
		E-mail address: (to be u	sed for future annual report notific	cation)
For further	information concernir	g this matter, please call:		
E	Bruce Weil		<sub>at</sub> 305 \ 539	9-8400
_	Name (	of Contact Person	Area Code Da	ytime Telephone Number
Di Re P.	AILING ADDRESS: evision of Corporation egistration Section O. Box 6327 allahassee, FL 32314	Divis Regis Clifto 2661	EET ADDRESS: ion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301	
	is a check for the \$125.00 Filing Fee	following amount:  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$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:

1 M8 Enterprises LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If 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.")
2 Delaware 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Upon filing with Florida Department of State
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. c/o Bruce Weil
100 S.E. 2 Street, Suite 2800, Miami, FL 33131
(Street Address of Principal Office)
6. c/o Bruce Weil
100 S.E. 2 Street, Suite 2800, Miami, FL 33131
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:
Emil Michael, Manager
5959 Collins Avenue, #2007
Miami Beach FL 33140
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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.)
Bruce Weil
Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Com Prprises LLC	pany is:	
If unavailable,	, the alternate to be used in th	ne state of Florida is:	
2. The name a	and the Florida street address	of the registered agent and office are:	DIVISION C
	Bruce Weil		E TAR
		(Name)	
	100 S.E. 2 Stre	et, Suite 2800	A 9:
	Florida Street Ac	dress (P.O. Box NOT ACCEPTABLE)	91
	Miami	FL 33173	
		City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M8 ENTERPRISES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2018.

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



Authentication: 201931346

Date: 01-08-18

6696220 8300 SR# 20180112310