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(Requestor's Name)	_
(Address)	—
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
6	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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B FIGUEROA FEB 28 2010 SECRETARY OF STATE DIVISION OF CORPORATIONS



February 15, 2018

MYRA RABANAL 7848 W SAHARA AVE LAS VEGAS, NV 89117 US

SUBJECT: HOUSE OF CB USA, LLC

Ref. Number: W18000015436

We have received your document for HOUSE OF CB USA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 418A00003294

RECEIVED FEB 2 7 2018

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COVER LETTER

TO: 'Registration Section
Division of Corporations

_	 -	Name of l	Limited Liability (Company			
					insact Business in Florida," Certificate company to transact business in Flor		
Please return a	ill correspondence	concerning this matter to the	following:				
	MYRA RABA	NAL					
		N:	ame of Person				
	YOUR NEVA	DA CORPORATE SOLUTION	ONS				
	Firm/Company						
	7848 W SAHA	RA AVE					
	•		Address				
	LAS VEGAS, NV 89117						
		City/S	tate and Zip Code				
	myra@yourneva	daepa.com					
		E-mail address: (to be used	for future annua	l report not	ification)		
For further inf	ormation concernir	ng this matter, please call:					
MYRA RABANAL		702 at (369-250	04			
	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		<u>:</u> S	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section uilding ecutive Center Circle		
	check for the follow 25.00 Filing Fee	ving amount: \$\sum \\$130.00 \text{Filing Fee & Certificate of Status}	■ \$155.00 Fili 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:

HOUSE OF CB USA.	LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC	::") ·		
	ame adopted for the purpose of transacting business in Flori		Liability Company," "L.L.C," or "LLC.")		
2. NEVADA		3. 38-3986923			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI n	umber, if applicable)		
4. 12/1/2017					
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistmtion.) e penalty liability)			
5. 7848 W SAHARA AV	ΥE	6. 7848 W SAHARA AVE			
		(Mailing Address)			
LAS VEGAS, NV 891	1 /	LAS VEGAS, NV 8911	1		
7. Name and street address Name:	IAN ASHTON 19515 BISCAMAE BLVO.	NOT acceptable)			
Office Address:	C/O TOPSHOP, UNIT #930				
	MIAMI	, Florida 33180 (Zip			
designated in this applica to comply with the provise	ctance: egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my positionals registered agent. (Registered agent's signals ag	rocess for the above stated limi registered agent and agree to c and complete performance of n	ted liability company at the place act in this capacity. I further agree		
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who has Name and Address:	s/have authority to manage is/are Title or Capacity:	:: Name and Address:		
MANAGER	MARIANO A GRILLO	MANAGER	FABIAN E SAINT PAUL		
Juna	7848 W SAHARA AVE LAS VEGAS. NV 89117		7848 W SAHARA AVE LAS VEGAS, NV 89117		
MANAGER	BRIAN WALKER 7848 W SAHARA AVE LAS VEGAS, NV 89117		## No. 10 P.		
(Use attachments if neces	ssary)		69 % <u>™</u> N #A™		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted)	luly authenticated by the official is in a foreign language, a trans	having custody of records of the slation of the certification design.		
	ented in accordance with section 605.0203 to the Department of State constitutes with				
	Signature	of an authorized person			
	FABIAN E SAINT PAUL, MANAGER				

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HOUSE OF CB USA**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 30, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 6, 2018.

Ballians K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180206-1429
You may verify this electronic certificate
online at http://www.nvsos.gov/