11/180000002580

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





600310312346

03/12/18--01022--017 **125.00

K SALY MAR 1 5 2018

COVER LETTER

то:		ration Section in of Corporation	ns			
SUBJI	ECT:	Fair Acquisitio	on, LLC			
			Name o	of Limited Liability (Company	<u> </u>
						ansact Business in Florida." Certificate o y company to transact business in Florida
Please	return all	correspondence c	concerning this matter to th	ne following:		
		Marc Bonanni,	, Associate General Counse	el		
				Name of Person		
		Fair Acquisitio	on, LLC			
				Firm/Company		
		1540 2nd Stree	et, Suite 200	.		
				Address		
		Santa Monica.	CA 90401			
			City	/State and Zip Code	-	
		paralegal@fair	com			
		, , ,	E-mail address: (to be us	sed for future annual	report not	tification)
For fu	rther infor	mation concerning	g this matter, please call:			
		Marc Bonanni		at (800) 58·	4-5000 x 5028
		Name o	of Contact Person	Area Code		rtime Telephone Number
	Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 assec, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section fullding fecutive Center Circle fee. FL 32301
Enclos		eck for the follow 5.00 Filing Fee	ring amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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	Fair Acquisition, LLC (Name of Foreign	Limited Liability Company; must	include "Limited Liabili	ty Company," "L,L.C.," or "	LLČ.")	_
			ett i v			_
		ame adopted for the purpose of transacti	-		ited Liability Company," "L.L.C," or "L	LC.T)
2	Delaware (Jurisdiction under the law of wi	hich foreign limited hability company is	organized)	61-1857453	El number, if applicable)	
1						
ᠳ.		(Date first transacted business in (See sections 605,0904 & 605,09	Florida, if prior to registratio 05, F.S. to determine oenalty	n.) · liability)		
5.	1540 2nd Street		6	1540 2nd Street		
-	(Street Address of F	Principal Office)	_	•	ing Address)	_
	Suite 200			Suite 200	<u> </u>	_
	Santa Monica, CA 9040	<u>)1 </u>		Santa Monica, CA 90	401 <u> </u>	- m
7.	Name and street addres	ss of Florida registered agen	t: (P.O. Box NOT	acceptable)	201 年	
	Name:	C T Corporation System		,	第3 M	20
		1200 South Pine Island Road			. 立. 公	*
	Office Address:	Plantation		 333		· ပုံ
			(City)	, Florida	(Zin code)	
	comply with the provisi		o the proper and co		mited liability company at to to act in this capacity. I fur of my duties, and I am famil	ther agree
an	comply with the provisi d accept the obligation: The name, title or capa	ions of all statutes relative to sof my position as registered to the person of the pe	o the proper and cand agent. Legistered agent's signature) on(s) who has/have	Amun Kamrai authority to manage is	to act in this capacity. I fur of my duties, and I am famil on, Assistant Secretary	ther agree liar with
an	comply with the provisi d accept the obligation:	ions of all statutes relative to sof my position as registered to the personal statutes of the p	o the proper and cand agent. Legistered agent's signature) on(s) who has/have	Amun Kamra	to act in this capacity. I fur of my duties, and I am famil n. Assistant Secretary	ther agree liar with
an	comply with the provisi d accept the obligation: The name, title or capa	ions of all statutes relative to sof my position as registered to the personal and address of the personal Name and Address Scott Painter	o the proper and cand agent. Legistered agent's signature) on(s) who has/have ress:	Amun Kamrai authority to manage is	to act in this capacity. I fur of my duties, and I am famil on, Assistant Secretary	ther agree liar with
an	The name, title or capa	ions of all statutes relative to sof my position as registered to the personal statutes of the p	o the proper and cand agent. Registered agent's signature) on(s) who has/have ress: Suite 200	Amun Kamrai authority to manage is	to act in this capacity. I fur of my duties, and I am famil on, Assistant Secretary	ther agree liar with
an	The name, title or capa	ions of all statutes relative to sof my position as registered to the personal and address of the personal address of the	o the proper and cand agent. Registered agent's signature) on(s) who has/have ress: Suite 200	Amun Kamrai authority to manage is	to act in this capacity. I fur of my duties, and I am famil on, Assistant Secretary	ther agree liar with
an	The name, title or capa	ions of all statutes relative to sof my position as registered to the personal and address of the personal address of the	o the proper and cand agent. Registered agent's signature) on(s) who has/have ress: Suite 200	Amun Kamrai authority to manage is	to act in this capacity. I fur of my duties, and I am famil on, Assistant Secretary	ther agree liar with
8.	The name, title or capa Title or Capacity: Manager	s of my position as registered by the sof my position as registered by the soft my position as registered by	o the proper and cand agent. Registered agent's signature) on(s) who has/have ress: Suite 200	Amun Kamrai authority to manage is	to act in this capacity. I fur of my duties, and I am famil on, Assistant Secretary	ther agree liar with
8.	The name, title or capa Title or Capacity: Manager	s of my position as registered by the sof my position as registered by the soft my position as registered by	o the proper and cand agent. Legistered agent's signature) on(s) who has/have ress: Suite 200 A 90401	Amun Kamrai authority to manage is itle or Capacity:	to act in this capacity. I fur of my duties, and I am famil on. Assistant Secretary fure: Name and Address	ther agree liar with
8. (U. 9 jur	The name, title or capa Title or Capacity: Manager Attached is a certificate	sof my position as registered as of my position as registered as of my position as registered as of the personal and address of the personal address of the personal and address of the personal a	o the proper and cand agent. Light agent. Legistered agent's signature) on(s) who has/have ress: Suite 200 A 90401	Amun Kamradauthority to manage is itle or Capacity:	to act in this capacity. I fur of my duties, and I am famil on, Assistant Secretary	ther agree liar with
8. (U.9., jurof: 10.	The name, title or capa Title or Capacity: Manager Attached is a certificate is diction under the law the translator must be sure.	sof my position as registered as of my position as registered as of my position as registered as of the personal and address of the personal addre	o the proper and cered agent. Legistered agent's signature) on(s) who has/have ress: Suite 200 A 90401 90 days old, duly authe certificate is in a	Amun Kamradauthority to manage is itle or Capacity: athenticated by the office a foreign language, a transport.	to act in this capacity. I fur of my duties, and I am famili n. Assistant Secretary /arc: Name and Address cial having custody of record anslation of the certificate ur n aware that any false informa	ther agree liar with
8. (U.9., jur of 10.	The name, title or capa Title or Capacity: Manager Attached is a certificate is diction under the law the translator must be sure.	sof my position as registered acity and address of the personal sector of the personal sect	o the proper and cered agent. Legistered agent's signature) on(s) who has/have ress: Suite 200 A 90401 90 days old, duly authe certificate is in a	Amun Kamradauthority to manage is itle or Capacity: athenticated by the office a foreign language, a transport.	to act in this capacity. I fur of my duties, and I am famili n. Assistant Secretary /arc: Name and Address cial having custody of record anslation of the certificate ur n aware that any false informa	ther agree liar with

Typed or printed name of signee

Marc Bonanni

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FAIR ACQUISITION, 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 SECOND DAY OF FEBRUARY, A.D. 2018.





6600159 8300 SR# 20180705516 Authentication: 202087834

Date: 02-02-18

You may verify this certificate online at corp.delaware.gov/authver.shtml