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- ممثلیات

### COVER LETTER

TO:	Registration Section Division of Corporation	ns					
SUBJE	Drinkable Air Tech	nologies LLC					
		Name of	Limited Liability	Compan	y		
The en Exister	closed "Application by Force, and check are submitted	reign Limited Liability Comed to register the above refer	pany for Authoriz enced foreign limi	ation to	Fransact Busin lity company to	ess in Florida," C o transact busines	ertificate of ss in Florida
Please	return all correspondence	concerning this matter to the	following:				
	Thomas Laury						
		7	lame of Person				
	Drinkable Air	Technologies LLC					
	-	F	irm/Company			<del>- · · · · · · · · · · · · · · · · · · ·</del>	
	2944 NW 27th	Street					
			Address				
	Oakland Park F	FL 33311					
		City/S	State and Zip Code		···		
	tomlaury@comc						
For fur	ther information concernin	E-mail address: (to be use g this matter, please call:	d for future annua	l report n	otification)	28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77
	Thomas Laury		901 at (_	51 )	7 4960	2	177
	Name o	f Contact Person	Area Code	D	aytime Teleph		العسب
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registr Clifton 2661 E	n of Corporati ation Section Building xecutive Center ssee, FL 3230	S: ons	) .i
Enclose	ed is a check for the follow 18125.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	1 * "	) Filing Fee, Cert & Certified Copy	ificate

### 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:

	hnologies LLC			
(Name of Fo	reign Limited Liability Company; mu	st include "Limited Liabil	ity Company," "L.L.C.," or "LLC	.")
If name unavailable, enter alte	mate name adopted for the purpose of trans-	acting business in Florida. The	alternate name must include "Limited	Liability Company," "L.I. C," or "LLC,")
Delaware		-	3. <u>82-447397</u> 2	,
(Jurisdiction under the la	w of which foreign limited liability company	is organized)	(FEI m	unber, if applicable)
l				
	(Date first transacted business (See sections 605,0904 & 605	in Florida, if prior to registrati 0905, F.S. to determine penal	on.) ty fiability)	<del></del>
. 2944 NW 27th St		6	2944 NW 27th Street	
(Street Addr Oakland Park FL	ess of Principal Office)	_	Oakland Park FL 33311	ddress)
		<del>-</del>	Oakiaiid Paik PL 33311	
<del></del>				
7. Name and street a	ddress of Florida registered age	ent: (P.O. Box <u>NOT</u>	_acceptable)	
Name:	Thomas Laury			
Office Addr	ess. 2944 NW 27th Street			
o mbo / tagi				
	Oakland Park	(City)	, Florida 33311 (Zip o	
Registered agent's a	cceptance:	(City)	(z.ip c	code)
	odinum of man mandalass lea		omprete perjormance of m	y duties, and I am familiar with
ind accept the obliga	itions of my position as registe	(Registered agent's signature		dunes, and I am jaminar with
8. The name, title or	capacity and address of the pe	(Registered agent's signature	authority to manage is/are	APR-2 P
8. The name, title or Title or Capacit	capacity and address of the pe	(Registered agent's signature	)	Name and Address:
8. The name, title or	capacity and address of the pe  Y:  Name and Address Laury	(Registered agent's signature erson(s) who has/have dress:	authority to manage is/are	APR-2 P
8. The name, title or Title or Capacit	capacity and address of the pe	(Registered agent's signature erson(s) who has/have dress:	authority to manage is/are	Name and Address:
8. The name, title or Title or Capacit Member	capacity and address of the pe  Y: Name and Add  Thomas Laury  2944 NW 27th  Oakland Park F	(Registered agent's signature erson(s) who has/have dress:	authority to manage is/are	Name and Address:
8. The name, title or Title or Capacit	capacity and address of the pe  Y:  Name and Add  Thomas Laury  2944 NW 27th  Oakland Park F  Matthew Shepp  579 Fifth Ave.	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor	authority to manage is/are	Name and Address:
8. The name, title or Title or Capacit  Member	capacity and address of the pe  Y:  Name and Add  Thomas Laury  2944 NW 27th  Oakland Park F  Matthew Shepp	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor	authority to manage is/are	Name and Address:
8. The name, title or Title or Capacit  Member	capacity and address of the pe  Y: Name and Add  Thomas Laury  2944 NW 27th  Oakland Park F  Matthew Shepp  579 Fifth Ave.  New York NY	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor	authority to manage is/are	Name and Address:
8. The name, title or Title or Capacit  Member  Member  (Use attachments if rown). Attached is a certification.	recessary)  recapacity and address of the period of the pe	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor 10017	e authority to manage is/are  Fitle or Capacity:  uthenticated by the official	Name and Address:
8. The name, title or Title or Capacit  Member  Member  (Use attachments if rown). Attached is a certification.	reapacity and address of the per Name and Name an	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor 10017	e authority to manage is/are  Fitle or Capacity:  uthenticated by the official	Name and Address:
8. The name, title or Title or Capacit Member  Member  (Use attachments if representation of the translator must	reapacity and address of the period of the p	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor 10017  n 90 days old, duly a lf the certificate is in	e authority to manage is/are  Fitle or Capacity:  uthenticated by the official a foreign language, a transl	Name and Address:  Name and
8. The name, title or Title or Capacit Member  Member  (Use attachments if rown, Attached is a certification under the of the translator must). This document is	reapacity and address of the period of the p	Registered agent's signature croson(s) who has/have dress:  Street L 33311  Dard 17th Floor 10017  In 90 days old, duly a lifthe certificate is in ection 605.0203 (1) (1)	uthenticated by the official a foreign language, a transl	Name and Address:  Name and Address:  having custody of records in the ation of the certificate under oath
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8. The name, title or Title or Capacit Member  Member  (Use attachments if rown, Attached is a certification under the of the translator must). This document is	recapacity and address of the period of the	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor 10017  In 90 days old, duly a lf the certificate is in ection 605.0203 (1) (1) constitutes a third department of an automatical enterties at third department of an automatical erson erson enterties at third department of an automatical erson er	uthenticated by the official a foreign language, a transle), Florida Statutes. I am awaree felony as provided for i	Name and Address:  Name and Address:  having custody of records in the ation of the certificate under oath
8. The name, title or Title or Capacit Member  Member  (Use attachments if rown, Attached is a certification under the of the translator must). This document is	reapacity and address of the period of the p	(Registered agent's signature erson(s) who has/have dress:  Street L 33311  pard 17th Floor 10017  In 90 days old, duly a lf the certificate is in ection 605.0203 (1) (1) constitutes a third department of an automatical enterties at third department of an automatical erson erson enterties at third department of an automatical erson er	uthenticated by the official a foreign language, a transle), Florida Statutes. I am awaree felony as provided for inhorized person	Name and Address:  Name and Address:  having custody of records in the ation of the certificate under oath

#### Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DRINKABLE AIR TECHNOLOGIES, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRINKABLE AIR TECHNOLOGIES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2018.

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

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at corn delayers can for

6757987 8300

SR# 20182214600
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202398339

Date: 03-27-18