Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

: (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

Foreign Limited Liability Company ANGEL513, LLC

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Certificate of Status	0
Certified Copy	.0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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:

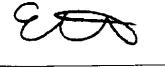
- 1. Name of Foreign Limited Liability Company: ANGEL513, LLC
- 2. Jurisdiction under the law of which foreign limited liability company is organized: Delaware
- 3. FEI number, if applicable: Applied for
- 4. Date first transacted business in Florida, if prior to registration:
- 5. Street Address of Principal Office: c/o CBIZ & Mayer Hoffman McCann CPAs, 1065 Avenue of the Americas, 11th Floor, New York, New York 10018
- 6. Mailing Address: e/o CBIZ & Mayer Hoffman McCann CPAs, 1065 Avenue of the Americas, 11th Floor, New York, New York 10018
- 7. Name and street address of Florida registered agent: Name: eResidentAgent, Inc.
 Office Address: 236 E 6th Ave., Tallahassee, FL 32303

Registered agent's acceptance:

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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 application, 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 relative to the propes and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

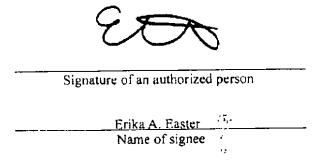
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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name and Address:

MARCO MUNIZ c/o CBIZ & Mayer Hoffman McCann CPAs 1065 Avenue of the Americas, 11th Floor New York, New York 10018 Title or Capacity: Manager

- 9. Attached is a 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.
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ANGEL513, 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-SECOND DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANGELSIS, LLC"
WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2013.

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

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Jaffery H. Sulvets, Secretary of State

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

Authentication: 202372396

Date: 03-22-18

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