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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SIGNE ARY OF SIGNED

J. HARRIS

COVER LETTER

TO:		tion Section of Corporation	s				
SUBJE		jaRMM, LLC					
			Name of	Limited Liability C	Company		
The end Existen	closed "Ap	oplication by Foresch are submitted	eign Limited Liability Com I to register the above refer	ipany for Authoriza renced foreign limit	tion to Trai ed liability	nsact Business in Florida," Certificat company to transact business in Flo	e of rida.
Please	return all c	orrespondence c	oncerning this matter to the	e following:			
		Christopher Ma	tarese				
			7	Name of Person			
		NinjaRMM, LL	.c				
			F	Firm/Company			
		500 N. Brand B	Ivd., Suite 1870				
				Address			
		Glendale, CA 9	1023				
			City/	State and Zip Code			
	(chris@apataxlaw					
	_		E-mail address: (to be use	ed for future annual	report not	fication)	
For fur	ther inform	nation concernin	g this matter, please call:				
	Allie H	ovsepian		818 at (553-130	00	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 see. FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclos		ck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2018

CHRISTOPHER MATARESE 500 N BRAND BLVD, SUITE 1870 GLENDALE, CA 91023

SUBJECT: NINJARMM LLC Ref. Number: W18000038532 SECRETARY OF STATE OF

We have received your document for NINJARMM LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00008410

8

RECEIVED
2018 MAY - 7 PM 1: 39
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE. FLORE

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The af	ternate name must include "Limited Linh	hilay Company." "L.L.C." or	"LLC.")
Delaware		3.	46-372-5915		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numb	ner, if applicable)	
3/29/2018					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty) liability)		
500 N. Brand Blvd., S		6.	500 N. Brand Blvd., Suite	1870	
(Street Address of	Principal Office)		(Mailing Addr	ress)	
Glendale, CA 91203			Glendale, CA 91203		
				2 50	
Name and street addre	ss of Florida registered agent: (P.O. Box Armando Najera	: <u>NOT</u> a	icceptable)	に 第1章 第1章 第1章 第1章	H.
Office Address:	26750 US Hwy 19 N., Ste. 510			いた。 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	-7
	Clearwater			ing mil	2
	(City)		, Florida 33761 (Zip code	<u> </u>	خين
comply with the provis	ntion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	and cor			
comply with the provision accept the obligation the control of the	ions of all statutes relative to the properties of my position as registered agent. (Registered agent's acity and address of the person(s) who have	and con signature)	ered agent and agree to act implete performance of my d ————————————————————————————————————		
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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NINJARMM 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 TWELFTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202505677

Date: 04-12-18

6821849 8300 SR# 20182659780