## M1800005126

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
,		

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SFXO, LLC

May 30, 2018

**ERIC B. HOOD** 

Date:\_\_\_

Name:...

Reference #:\_\_\_\_

Entity Name:\_\_\_\_

Amendment

Change of Agent

Dissolution/Withdrawal

Reinstatement

Fictitous Name

Conversion

Merger

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 ✓ Articles of Incorporation/Authorization to Transact Business

Authorized Amount:	\$125.00

Other \_\_\_\_\_

FBHOD Signature:

-1.212.947.7200

+44 (0)20.3786.1090

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SEXO, LLC				<del> </del>			_
	n Limited Liability Company, must include "Limite						<del></del>
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The all	ernate name must include "Limited Lia	ability Comp	any," "L L.	C," or "L	.LC.")
Delaware	which foreign limited liability company is organized)	3.	(FEI num	ber, if applic	able)		_
(Jersalena and are swarf	which total in the mounty confirms of one many						
·	(Date first transacted business in Florida, if prior to	registration	<u> </u>	<del></del>			
t to all Counting	(See sections 605.0904 & 605.0905, F.S. to determ		e/o Lewis Greenblatt, Ree	d Smith	LLP		
e/o Lewis Greenblatt, Reed Smith LLP (Street Address of Principal Office)			(Nailing Adu	dress)			_
10 S. Wacker Drive,	Suite 4000		10 S. Wacker Drive, Suite	4000			
Chicago, IL 60606			Chicago, IL 60606				_
. Name and street addr	ess of Florida registered agent: (P.O. Bo	x <u>NQT</u> a	cceptable)				
Name:	COGENCY GLOBAL INC.		<del></del>			£52	
					<u></u>		72.EA
Office Address:	115 North Calhoun Street, Suite 4						
Office Address:					1.		ار ال الساق مختلا
legistered agent's acco laving been named as esignated in this applic o comply with the provi	Tallahassee  (Cny)  Eptance:  registered agent and to accept service of  ration, I hereby accept the appointment ( sions of all statutes relative to the prope	as registe	red agent and agree to uc	d liabilit t in this	cupacity	i. IJu.	rther, ag
Registered agent's acco laving been named as designated in this applic ocomply with the provi	Tallahassee  (Cay)  Eptance:  Registered agent and to accept service of action, I hereby accept the appointment is ions of all statutes relative to the property of my position as registered agent.	as registe	for the above stated limite tred agent and agree to ac	d liabilit t in this	cupacity	i. IJu.	rther, ag
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Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SFXO, 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-NINTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFXO, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2018.

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

6888971 8300 SR# 20184526241 Authentication: 202781173

Date: 05-29-18