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To:	Division of Co Fax Number	rporations : (850)617-6383	2919 JUN
From:	Account Name	: REGISTERED AGENTS INC.	ii 2h
	Phone		シ
	Fax Number	: (833)330-1010	 ث
*Enter the a	email address fo report mailings.	r this business entity to be used fo Enter only one email address pleas	or_future e.**
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Foreign Limited Liability Company CW MARKETPLACE LLC

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6/27/186

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

IN COMPTANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. CW MARKETPI A	CELIC						
(Name of Foreign	CE LLC Limited Liability Company, must include "Limited	Liability Company,"	L.L.C.," or "LLC.")		-		
	nine adopted for the purpose of transacting business in Flori	f. D. stranger	e e malu da "I imirad I inh	Histo Community well I Community	17:")		
	ame adopted for the purpose of transacting pusitiess in Fiori			mily contains, 121. C. of 1.	, . ,		
Delaware (furnalistion under the law of wi	uch foreign limited liability company is organized)	3 83-0986		er, il applicable)			
	, , , , , , , , , , , , , , , , , , , ,		•				
4. N/A	Ober less two and having in Liver's if prive to po	motratum i					
	(Date first transacted business in Honda, if prior to re (See sections 605 0904 & 605,0905, P.S. to determine			_			
_{5.} 3030 N. Rocky Point Dr.		6. 3030 N. Rocky Point Dr.					
(Street Address of Principal Office) STE 150A		STE 150A					
Tampa, FL 33607		Tampa, FL 33607			_		
Tampa, FL 33007		Tampa,	1 2 30007		-1		
		NOT MILL		<u>ب</u> ت			
7. Name and street address of Florida registered agent: (P.O.		NOT acceptable)		24			
Name:	Registered Agents Inc.			3	Γ.		
ore	3030 N. Rocky Point Dr. STE	150A		>	う		
Office Address:			70007	ά	•		
	Tampa	, Fic	orida <u>33607</u> (Zip cod	<u> </u>			
Registered agent's accep	(City)		(z.ip ctica	?)			
and accept the obligation	s of my position as registered agent.						
	(Registered agent's si	ignoture)					
8. The name, title or cap. Title or Capacity:	acity and address of the person(s) who has Name and Address:	s/have authority to Title or Cap	manage is/are: acity:	Name and Addres	<u>s:</u>		
Manager	BENJAMIN WESLEY						
warago	3030 N. Rocky Point Dr. Sie 150A						
	Tampa, FL 33607						
							
		•					
(Use attachments if neces	ssary)						
•	of existence, no more than 90 days old, o	fuly authenticated	by the official ha	iving custody of record	ds in the		
jurisdiction under the law of the translator must be s	of which it is organized. (If the certificate	e is in a foreign lar	nguage, a translat	ion of the certificate u	nder oath		
10. This document is execution submitted in a document t	cuted in accordance with section 605,0203 of the Department of State constitutes a thi	rd degree felony a	s provided for in	s.817.155, F.S.	nation		
		w72					
	Signature	of an authorized person					
	Riley Park						
	Typed or	printed name of signer					

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CW MARKETPLACE 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-SIXTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CW MARKETPLACE"

LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2018.

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

1 J. 11 2 b A 5 F

Authentication: 202959323

Date: 06-26-18

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