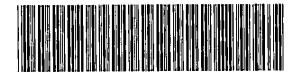
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(Cil	ty/State/Zip/Phone #	9	
PICK-UP	☐ WAIT	MAIL	
(Bı	isiness Entity Name	)	
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June 27, 2018

KEVIN AYCOCK 7209 RESERVE CREEK DR PORT ST LUCIE, FL 34986

We have received your document for BOBSBOX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L13000108566.

Please return your document, along with 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: 118A00013420

p.2

BOBSBOX, LLC, a Florida LLC (document number L13000108566) 7209 Reserve Creek Drive PORT ST LUCIE, FL 34986

July 2, 2018

Via Facsimile

FLORIDA DEPARTMENT OF STATE Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Name Release

Dear Jenna / To Whom This May Concern:

I am an owner and authorized manager of BOBSBOX, LLC, a Florida LLC (document number L13000108566).

I am also an owner and authorized manager of BOBSBOX, LLC, a Delaware LLC.

My objective is to register Delaware LLC in as a Florida Foreign LLC. To achieve the objective, I have filled out and mailed the form "Application by Foreign LLC to transact business in Florida"" which I believe your office has received.

Earlier today, I was informed that, in order to accomplish the objective, I also need to give express permission on behalf of BOBSBOX, LLC, a Florida LLC to release that name, so it can be used to register the Delaware LLC in the State of Florida.

I hereby give such necessary express permission to release the name with the sole purpose of registering BOBSBOX, LLC, a Delaware LLC, in the State of Florida.

Should you have any questions, please feel free to reach me at 772-370-9819. Thank you for your help.

Sincerely,

Kevin Avcock

Hein I legach

Manager, BOBSBOX, LLC, a Florida LLC (document number L13000108566)

## COVER LETTER

TO:	Registration Section Division of Corporation	ons			
SHRIF	BobsBox, LLC				
30000	C1		Limited Liability Con	npany	
				n to Transact Business in Florida," liability company to transact busin	
Please r	eturn all correspondence	concerning this matter to the	following:		
	Kevin Aycock	<b>S</b>			
		N	ame of Person		
	BobsBox, LL	С			
		þ	irm/Company		
	7209 Reserv	e Creek Drive			
			Address		
	Port St Lucie	, FL 34986			
		City/S	itate and Zip Code	· · · · ·	
	info@bobsbox	.com			
		E-mail address: (to be use	d for future annual rep	port notification)	
For furtl	her information concerni	ng this matter, please call:			
	Kevin Aycock			370-9819	
	Name	of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	<u>:</u> s	Di Re Cli 26	FREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301	
Enclosed	d is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing For Certified Copy	fee & □ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## 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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Lunited	Liability Company," "L. L.C," or "LLC,")
<sub>2.</sub> Delaware		3. 82-3548546	<u> </u>
(Jurisdiction under the law of	which foreign hunted liability company is organized)	(FEL n	number, if applicable)
1			FG 4 TI
T	(Date first transacted husiness in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registration.)	
7209 Reserve Cree		6 7209 Reserve Creek I	Orive SST 79
(Street Address of	Principal Office)	(Mailing	
Port St Lucie, FL 34	986 	Port St Lucie, FL 3498	36
			OR OF
			9 8
7. Name and street addre	ess of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	Kevin Aycock		
Name.			•
Office Address:	7209 Reserve Creek Drive		
	Port St Lucie	. Florida <u>3498</u> 6	
	(City)		code)
Taving been named as r lesignated in this applic o comply with the provis	ptance: egistered agent and to accept service of ation. I hereby accept the appointment sions of all statutes relative to the prop us of my position as registered agent.	of process for the above stated limit t as registered agent and agree to a	act in this capacity. I further agre
Taving been named as r lesignated in this applic o comply with the provis	egistered agent and to accept service of ation. I hereby accept the appointment sions of all statutes relative to the propas of my position as registered agent.	of process for the above stated limit as registered agent and agree to deer and complete performance of n	act in this capacity. I further agre
Taving been named as r lesignated in this applic o comply with the provis	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prop	of process for the above stated limit as registered agent and agree to deer and complete performance of n	act in this capacity. I further agre
Taving been named as r lesignated in this applic o comply with the provis and accept the obligation	egistered agent and to accept service of ation. I hereby accept the appointment sions of all statutes relative to the propas of my position as registered agent.	of process for the above stated limit as registered agent and agree to deer and complete performance of n	act in this capacity. I further agreemy duties, and I am familiar with
Taving been named as refesignated in this applicates of comply with the provisional accept the obligation and accept the obligation and accept the obligation are title or capts.	egistered agent and to accept service of attion. I hereby accept the appointment sions of all statutes relative to the propas of my position as registered agent.  (Registered agent active and address of the person(s) who	of process for the above stated limit as registered agent and agree to a ser and complete performance of number of signatures.  The signatures and has/have authority to manage is/are	act in this capacity. I further agre my duties, and I am familiar with 
Having been named as relesignated in this applicate ocomply with the provisind accept the obligation  8. The name, title or capacity:	egistered agent and to accept service of ation. I hereby accept the appointment sions of all statutes relative to the property of my position as registered agent.  (Repostered agent accity and address of the person(s) who Name and Address:	of process for the above stated limit as registered agent and agree to a ser and complete performance of numbers of signatures.  has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agreemy duties, and I am familiar with  E:  Name and Address:  Marcela Torres
Having been named as relesignated in this applicate ocomply with the provisind accept the obligation  8. The name, title or capacity:	egistered agent and to accept service of attion. I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent.  (Received agent and address of the person(s) who Name and Address:  Kevin Aycock 7209 Reserve Creek Driv	of process for the above stated limit as registered agent and agree to a ser and complete performance of numbers of signatures.  has/have authority to manage is/are Title or Capacity:	ect in this capacity. I further agreemy duties, and I am familiar with  E:  Name and Address:  Marcela Torres  3001 NE 185th St. Apt 12
Having been named as relesignated in this applicated in this applicated or comply with the provisional accept the obligation  8. The name, title or capatity:  CEO	egistered agent and to accept service of attion. I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent.  (Registered agent and address of the person(s) who Name and Address:  Kevin Aycock  7209 Reserve Creek Drive Port St Lucie. FL 34986	of process for the above stated limit as registered agent and agree to deer and complete performance of numbers of the signature)  has/have authority to manage is/are Title or Capacity:  COO	ect in this capacity. I further agreemy duties, and I am familiar with  E:  Name and Address:  Marcela Torres  3001 NE 185th St. Apt 12
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Taving been named as refessionated in this applicate of the open comply with the provisional accept the obligation.  8. The name, title or capacity: CEO  CFO  Use attachments if necestristicated is a certificate arisdiction under the law	egistered agent and to accept service of attion. I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent.  Reconstructed agent and address of the person(s) who Name and Address:  Kevin Aycock  7209 Reserve Creek Drive Port St Lucie. FL 34986  Vitaliy Pereverzev  1865 S Ocean Dr. Unit 78 Hallandale, FL 33009  ssary)  et of existence, no more than 90 days old of which it is organized. (If the certific	of process for the above stated limit as registered agent and agree to deer and complete performance of numbers of the signature.  This signature:  COO  COO  COO  COO  COO  COO  COO  C	net in this capacity. I further agree by duties, and I am familiar with  E:  Name and Address:  Marcela Torres  3001 NE 185th St. Apt 12  Aventura. FL 33180  having custody of records in the
Having been named as refesignated in this applicate to comply with the provision accept the obligation.  8. The name, title or capacity: CEO  CFO  (Use attachments if necessarisdiction under the law of the translator must be seen.) This document is executed.	egistered agent and to accept service of attion. I hereby accept the appointment sions of all statutes relative to the propose of my position as registered agent.    Compared agent   Compared agent	the process for the above stated limit as registered agent and agree to deer and complete performance of numbers and complete performance	net in this capacity. I further agree by duties, and I am familiar with  E:  Name and Address:  Marcela Torres  3001 NE 185th St. Apt 12: Aventura. FL 33180  having custody of records in the elation of the certificate under oath ware that any false information
designated in this application comply with the provisuand accept the obligation.  8. The name, title or capacity: CEO  CFO  (Use attachments if necessarisdiction under the law of the translator must be seen.). This document is executed.	egistered agent and to accept service of attion. I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent.  (Repostered agent and Address:  Kevin Aycock  7209 Reserve Creek Drive Port St Lucie. FL 34986  Vitaliy Pereverzev  1865 S Ocean Dr. Unit 75 Hallandale. FL 33009  ssary)  e of existence, no more than 90 days old of which it is organized. (If the certific submitted)	the process for the above stated limit as registered agent and agree to deer and complete performance of numbers and complete performance	Name and Address:  Name and Address:  Marcela Torres  3001 NE 185th St. Apt Aventura. FL 33180  having custody of records in the lation of the certificate under or over that any false information

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BOBSBOX, 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-FIRST DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOBSBOX, LLC" WAS FORMED ON THE SIXTH DAY OF JULY, A.D. 2017.

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

e at corp.delaware.gov/aut

6468326 8300

SR# 20185281442

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

Authentication: 202928751

Date: 06-21-18