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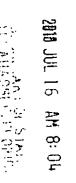
(Re	equestor's Name)	
(Ā	ddress)	.
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Ó	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer: 0282	59873
		MIS

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06/25/18--01031--016 **125.00



B FIGUEROA JUL 19 2018



June 28, 2018

MARINA ROULIS 56 WEST 22ND ST 2ND FL NEW YORK, NY 10010

SUBJECT: MS SAWGRASS I, LLC Ref. Number: W18000059873



Ø

We have received your document for MS SAWGRASS I, 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):

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 the corrected original and one copy of 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.

Letter Number: 618A00013456

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

COVER LETTER

.1

TO:

Registration Section Division of Corporations

SUBJECT:	S Sawgrass I, L		Limited Liability (Company		
					unsact Business in Florida," company to transact busin	
Please return all	l correspondence c	oncerning this matter to the	following:			
	Marina Roulis					
		N	ame of Person			
	Aurify Brands,	LLC				
		Fi	irm/Company	-		
	56 West 22nd	Street, 2nd Floor				
			Address			
	New York, NY	10010				
		City/S	tate and Zip Code			
	marina@aurifyb	rands.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further info	rmation concernin	g this matter, please call:				
Marin	a Roulis		646 at (649-98	10	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	neck for the follow 5.00 Filing Fee	ing amount: \$\Bigcup \text{\$\subset\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filii Certified Copy	ng 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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting busine	ess in Florida The alternate name must include "Limited Lial	bilary Company," "L.L.C," or "LLC")			
2 NYS	, , , , , , , , , , , , , , , , , , ,					
	which toreign limited liability company is organized	d) (FEI numb	ber, 11 applicable)			
, 6/21/18						
4. <u> </u>	(Date first transacted business in Florida, it (See sections 605 0904 & 605,0905, F.S. to	t prior to registration.) to determine penalty liability)				
5 c/o Aurify Brands, L		6. c/o Aurify Brands, LLC				
	t Principal Office)	(Mailing Addi				
New York, NY 10010		New York, NY 10010				
7. Name and street addr. Name:	Registered Agents Inc.	<u></u>				
Office Address:	3030 N. Rocky Point Dr. STE					
	Tampa (City)	. Florida 33607				
designated in this applic	ation, I hereby accept the appointm	ice of process for the above stated limited ment as registered agent and agree to act	in this capacity. I further agre			
designated in this applic to comply with the provi	ation, I hereby accept the appointn sions of all statutes relative to the p ns of my position as registered age.	ment as registered agent and agree to act proper and complete performance of my ent.	in this capacity. I further agre			
designated in this applic to comply with the provi and accept the obligatio	ration, I hereby accept the appointn sions of all statutes relative to the p ns of my position as registered age (Registered	ment as registered agent and agree to act proper and complete performance of my ant. dagent's signatures	in this capacity. I further agre			
designated in this applic to comply with the provi and accept the obligatio	ration, I hereby accept the appointn sions of all statutes relative to the p ns of my position as registered age (Registered	ment as registered agent and agree to act proper and complete performance of my ent.	in this capacity. I further agre			
designated in this applic to comply with the provi and accept the obligation. 8. The name, title or car	ration, I hereby accept the appointments of all statutes relative to the part of my position as registered ages (Registered acceptance) and address of the person(s) of the pers	ment as registered agent and agree to act proper and complete performance of my ant. dagent's signature) who has/have authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with			
designated in this applic to comply with the provi and accept the obligatio 8. The name, title or ca <u>Title or Capacity:</u>	pation, I hereby accept the appointment of all statutes relative to the part of my position as registered ages (Registered address of the person(s) value and Address: Andrew Stern 56 West 22nd St., 2nd	ment as registered agent and agree to act proper and complete performance of my ant. d agent's signature) who has/have authority to manage is/are: Title or Capacity: Member d Fl.	in this capacity. I further agreduties, and I am familiar with Name and Address:			
designated in this applic to comply with the provi and accept the obligatio 8. The name, title or ca <u>Title or Capacity:</u>	nation, I hereby accept the appointnations of all statutes relative to the part of my position as registered ages (Registered address of the person(s) value and Address: Andrew Stern	ment as registered agent and agree to act proper and complete performance of my ant. d agent's signature) who has/have authority to manage is/are: Title or Capacity: Member d Fl.	in this capacity. I further agreduties, and I am familiar with Name and Address:			
designated in this applic to comply with the provi and accept the obligatio 8. The name, title or ca <u>Title or Capacity:</u>	pation, I hereby accept the appointment of all statutes relative to the part of my position as registered ages (Registered address of the person(s) value and Address: Andrew Stern 56 West 22nd St., 2nd	ment as registered agent and agree to act proper and complete performance of my ant. d agent's signature) who has/have authority to manage is/are: Title or Capacity: Member d Fl.	in this capacity. I further agreduties, and I am familiar with Name and Address:			
designated in this applic to comply with the provi and accept the obligatio 8. The name, title or ca <u>Title or Capacity:</u>	pation, I hereby accept the appointment of all statutes relative to the part of my position as registered ages (Registered address of the person(s) value and Address: Andrew Stern 56 West 22nd St., 2nd	ment as registered agent and agree to act proper and complete performance of my ant. d agent's signature) who has/have authority to manage is/are: Title or Capacity: Member d Fl.	Name and Address:			
designated in this applic to comply with the provi and accept the obligatio 8. The name, title or ca <u>Title or Capacity:</u>	nation, I hereby accept the appointment of all statutes relative to the person of my position as registered agest acity and address of the person(s) was and Address: Andrew Stern 56 West 22nd St 2nd New York, NY 10010	ment as registered agent and agree to act proper and complete performance of my ant. d agent's signature) who has/have authority to manage is/are: Title or Capacity: Member d Fl.	in this capacity. I further agreduties, and I am familiar with Name and Address:			

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that MS SAWGRASS I, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/14/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of July two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State