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(Requestor's Name) (Address)	700315781837
(Address) (City/State/Zip/Phone #)	07/24/1801010013 **125.Cu
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED SEGRETARY OF SIA
Special Instructions to Filing Officer:	
Office Use Only	
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COVER LETTER

TO: **Registration Section Division of Corporations**

CREATIVES ONLY MUSIC, LLC

SUBJECT: ____

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	REBECCA YU					
		Name of Person	· · · · · · · · · · · · · · · · · · ·			
	GABLES ESTATES BUSINESS ADVISORY CO.					
		Firm/Company				
	396 ALHAMBRA CIR S TOWER SU	JITE 200				
		Address				
	CORAL GABLES, FL 33134				• • •	
	(Tity/State and Zip Code		25SE		
	AGUAN@GECPAS.COM					
	E-mail address: (10 b	e used for future annua	report notification)		^{عر} معن ^{ية}	
For further info	rmation concerning this matter, please ca	11:) .	
REBE	CCA YU	305 at (665-5508			
	Name of Contact Person	Area Code	Daytime Telephone Nu	mber		
	ING ADDRESS:		STREET ADDRESS: Division of Corporations			
	on of Corporations ration Section		Registration Section			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Enclosed is a check for the following amount: □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certificate □ \$130.00 Filing Fee & ■ \$125.00 Filing Fee of Status & Certified Copy Certified Copy Certificate of Status

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

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IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L CREATIVES ONLY MUSIC, LLC

(Date first transacted business in Florida, if prior to registration.) (See sections 605 0964 & 105,0905, F.S. to determine penalty liability) 5. 1000 BRICKELL AVENUE SUITE 1025 (Street Address of Principal Office) 6. 1000 BRICKELL AVENUE SUITE 1025 (Mailing Address) MIAMI, FLORIDA, 33131 MIAMI, FLORIDA, 33131 MIAMI, FLORIDA, 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SUPREME REALTY MANAGAMENT, LLC Office Address: 1000 BRICKELL AVENUE SUITE 1025 MIAMI . (Cay) . Cay . Registered agent's acceptance: Throwing been named as registered agent and to accept service of process for the above stated limited liability company and lesignated in this application. I hereby accept the appointment as registered agent and complete performance of my duties, and I am fam and accept the obligations of my position as registered agent's signature) (Registered agent's signature)		ame adopted for the purpose of transacting busines	ss in Florida. The a	lternate name must include "Li	mited Liability Company," "I	L.C," or "El
			3.	82-5048275		
Image: Instrume in transmission of the section of the sectin the sectin the sectin the section of the section of the sectin t	(Jurisdiction under the law of w	nch foreign limited liability company is organized)		(FEI mimber, (f applicable)	
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B. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> <u>Name and Address:</u> <u>MANAGER</u> <u>CESAR OMANA</u> 1000 BRICKELL AVENUE) comply with the provisi	ons of all statutes relative to the p	roper and co.	mplete p erformance	of my duties, and I d	im famili
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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0263 (1) (b), Porida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes, third degree Pony as provided for in s.817.155, F.S.

	Signature of an authorized person
CESAR OMANA	



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREATIVES ONLY MUSIC, 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 FIRST DAY OF JUNE, A.D. 2018.

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



Jeffrey W. But

Authentication: 202804740 Date: 06-01-18

Page 1

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SR# 20184273630 You may verify this certificate online at corp.delaware.gov/authver.shtml