

M18000001135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

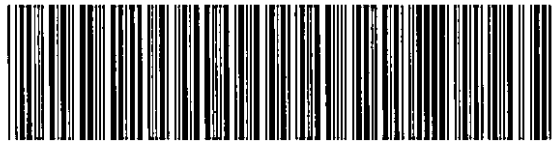
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2018 AUG 16 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 23 2018

aurifybrands

56 West 22nd St., 2nd Floor
New York, NY 10010
Tel 212.505.5861
Fax 646.649.8065

August 7, 2018

Federal Express

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

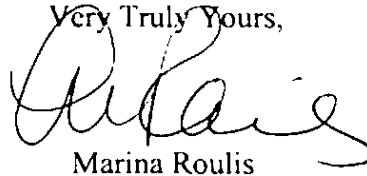
Enclosed please find (1) application for (1) entity formed in NYS that will be doing business in the State of Florida. Find attached with the application the Articles of Organization, NYS Certificate of Good Standing and a check in the amount of \$125 to cover the application.

LB Aventura, LLC

If you have any questions or concerns, please do not hesitate to contact me at marina@aurifybrands.com or 646-649-9810.

Thank You

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'Marina Roulis', written over the typed name.

Marina Roulis

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LB Aventura, LLC

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:

Marina Roulis

Name of Person

Aurify Brands, LLC

Firm/Company

56 West 22nd Street, 2nd Floor

Address

New York, NY 10010

City/State and Zip Code

marina@aurifybrands.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Roulis

646

649-9810

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:

1. LB Aventura, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NYS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/03/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. C/o Aurify Brands, LLC
(Street Address of Principal Office)
56 West 22nd Street, 2nd Floor
New York, NY 10010

6. c/o Aurify Brands, LLC
(Mailing Address)
56 West 22nd Street, 2nd Floor
New York, NY 10010

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

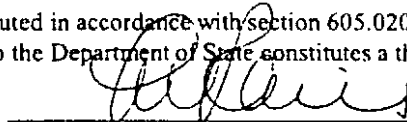
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Andrew Stern</u> <u>56 West 22nd Street, 2nd Fl</u> <u>New York, NY 10010</u>	<u>Member</u>	_____ _____ _____
_____	_____ _____ _____	_____	_____ _____ _____

(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 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Marina Roulis

Typed or printed name of signer

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2018 AUG 16 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that LB AVENTURA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/03/2018, 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 26th day of July two
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*