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O SIMMONS

To Florida Dept of State, Division of Corporations,

Cover Letter to correct rejected filing

Document # W18000072918

X-Men, LLC

Faxed Delaware Certificate of Good Standing

Thank You,

Gregg Schneider

Gregg Schneider 367 GMAIL. COM FAX # 850-245-6030

2 PAGES Including cover

(i)

COVER LETTER

TO:

Registration Section

Div	rision of Corporation	ns				
SUBJECT:	X-Men, LLC. Name of Limited Liability Company					
SOBSECT.						
					ansact Business in Florida," Certi y company to transact business ir	
Please return	all correspondence	concerning this matter to the	following:			
	Gregg Schnei	ider				
		N	ame of Person			
	X-Men, LLC.					
	Firm/Company					
	250 S. Ocean Blvd #7gh					
	Address					
	Boca Raton, I	Florida 33432				
		City/8	State and Zip Code			
	greggschneide	r3@gmail.com				
		E-mail address: (to be use	d for future annual	report no	ification)	
For further i	nformation concerning	ig this matter, please call:				
Gre	egg Schneider		847	226-22	212	
	Name (of Contact Person	at (Area Code	Day	time Telephone Number	
Div Reg P.O	ALING ADDRESS: rision of Corporations sistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Bigsireq \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155,00 Filir Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

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:

	ability Company," "L.L.C," or "LLC.			
_{3.} 36 3513893	₃ 36 3513893			
ed) (FEI num	ber, if applicable)			
if prior to registration) to determine penalty liability)				
, 250 S. Ocean Blvd				
(Mailing Ade	dress)			
	- 2111			
Boca Raton, FL. 33432				
	73			
O. Box NOT acceptable)				
	三 三			
-	聖三世			
	製			
(Zip cox	de)			
•				
Title or Capacity:	Name and Address:			
Managing Member	Neal Schneider			
7ah	310 Old Fark Rd.			
	Marthiald II COOOO			
32	Northfield, IL. 60093			
	Nortimeia, IL. 60093			
	Nortifield. IL. 60093			
	Nortimeia. IL. 60093			
32	Nontineia. IL. 60093			
32				
32 34 34 ys old, duly authenticated by the official ha	aving custody of records in			
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ys old, duly authenticated by the official hartificate is in a foreign language, a translated of the control of	aving custody of records intion of the certificate unde			
(if prior to registration.) to determine penalty liability) 6. 250 S. Ocean Blvd (Mailing Ad #7gh Boca Raton, FL. 33432 O. Box NOT acceptable) Florida 33432 (Zip co ice of process for the above stated limited ment as registered agent and agree to acceptable agent and agree to acceptable. In the state of the above stated limited ment as registered agent and agree to acceptable. It is a signature and agree to acceptable agent's signature agent and agree is fare: Title or Capacity:			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "X-MEN, L.L.C." IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARK AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTIETH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "X-MEN, L.L.C."
WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 1999.

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

2987750 8300

SR# 20186260909

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

APPROV DE BARRELL, Describery of State

Authentication: 203277979

Date: 08-20-18