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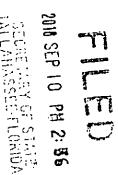
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W18-80891

Office Use Only



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09/04/18--01045--006 **125.00



D BRUCE SEP 1 4 2018 September 11, 2018

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

Re: CLARILABS LLC Document # W18000080891

To whom it may concern:

We have been trying to organize this Foreign LLC and believe that all of the attached documents are needed to finalize the filing. The check has already been cleared (attached) and we have included the Certificate of Formation, Certificate of Good Standing, and Application for a Foreign LLC to Transact Business in Florida. Please finalize the application and if there is anything further needed, please contact me directly.

Thank you.

Sincerely yours,

Adam Friedman

Controller, ClariLabs LLC

On behalf of Michael Malinsky

954-236-9053x119

adam@arnetusa.com

2018 SEP 13 PH 1: 13



September 11, 2018

MICHAEL MALINSKY 12501 SW 134TH COURT MIAMI, FL 33186

SUBJECT: CLARILABS LLC Ref. Number: W18000080891

We have received your document for CLARILABS 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 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: 218A00018774

Deborah Bruce Corporate Records Supervisor

2010 SEP 10 PH 2: 55
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporation	is						
SUBJEC	ClariLabs LLC							
SOBJEC	••	Name of I	Limited Liability (Company				
		eign Limited Liability Comp d to register the above refere						
Please ret	urn all correspondence o	oncerning this matter to the	following:					
	Michael Malins	ky						
		No	ame of Person		_			
	ClariLabs LLC							
		Fi	rm/Company					
	12501 SW 134	th Court						
			Address					
	Miami, FL 331	86						
		City/S	tate and Zip Code	•	•		ے	
	michael.msmd@	_						7
		E-mail address: (to be used	for future annual	report noti	fication)		췯 -	-
For further	er information concernin	g this matter, please call;				53. 53.4 54.4		.ويس
	Michael Malinsky		786 at (200-735	77	1-1 C1		"وعدم ا
•	Name o	f Contact Person	Area Code	Dayı	time Telephone Numbe	er Gill	2: di	م.ب
1	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	ジ (1)	8	
	is a check for the follow □ \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ig Fee &	☐ \$160.00 Filing Fee of Status & Certified		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:

	name adopt	ed for the purpose of transacting business in	Florida. The alternati	name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
Delaware	which foreign	n limited liability company is organized)	3	(FÉI num	ber, if applicable)
- 4		on party is organized,		(1 C) nums	oct, ii eppieseosoj
8/1/2018	(Dat	te first transacted business in Florida if prior	r to ministration)		
	(Sec	te first transacted business in Florida, if prior sections 605.0904 & 605.0905, F.S. to dete	ennine penalty liabilit	y)	
12501 SW 134th Ct., (Street Address of			6. <u>125</u>	01 SW 134th Ct., Miar (Mailing Add	
(Succi Adults bi				(Maining Add	1053)
					
Name and street addre		orida registered agent: (P.O. B ael Malinsky	ox <u>NOT</u> accep	etable)	
Office Address:	1250	I SW 134th Ct.		_	
	Mia	ami		, Florida <u>33186</u>	
egistered agent's accep		(City)		(Zip cod	c)
id accept the obligation	ions of a	all statutes relative to the prop position as registered agent. Docusioned by:	er and comple	igent and agree to act te performance of my	in this capacity. I further a duties, and I am familiar wi
id accept the obligation	ions of a is of my	all statutes relative to the prop	er and comple	te performance of my	in inis capacity. I juriner a duties, and I am familiar wi
nd accept the obligation	sions of a us of my By:	all statutes relative to the prop position as registered agent. Docustaned by: Milial Malinsky	ner and comple	te performance of my	n this capacity. I juriner a duties, and I am familiar wi
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "CLARILABS 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 THIRD DAY OF AUGUST, A.D. 2018.

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

OF LAWARE STATES

Autheni

Authentication: 203182415

Date: 08-03-18

7001656 8300 SR# 20185994249