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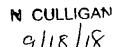
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SECRETARY OF STATE
AND SEEL FLORIDA



COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJI	CB Squared Investments, LLC		
5000	Name of Limited Liability Company		
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please	eturn all correspondence concerning this matter to the following:		
	Christopher F. Homsy, Esq.		
	Name of Person		
	Pannone Lopes Devereaux & O'Gara LLC		
	Firm/Company		
	1301 Atwood Avenue, Suite 215N		
	Address		
	Johnston, Rhode Island 02919		
	City/State and Zip Code		
	chomsy@pldolaw.com		
	E-mail address: (to be used for future annual report notification)		
For fur	her information concerning this matter, please call:		
	Christopher Homsy 401 8245100 at (
	Name of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclose	d is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2018

CHRISTOPHER F. HOMSY, ESQ. PANNONE LOPES DEVEREAUX & O'GARA LLC 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON, RI 02919

SUBJECT: CB SQUARED INVESTMENTS, LLC

Ref. Number: W18000078914

We have received your document for CB SQUARED INVESTMENTS, LLC and pour check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 018A00018167

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 CB Squared Investments, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC") (If name unavailable, enter alternate carse adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Limitary Company," "L.L.C." or "LLC.") 2. State of Deleware (Aurisdiction under the law of which foreign limited liability company is organized) 1000 විවිර 1988. Pointe Drive, #101 5, 108 S. Pointe Drive, #101 (Street Address of Principal Office) (Mailing Address) Miami Beach, Florida 33139 Miami Beach, Florida 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Umberto Sorbo Name: 100 S. Pointe Drive, #101 Office Address: Miami Beach (City) 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: Title or Capacity: Name and Address: Title or Capacity: Name and Address: PRESIDENT Sorbo (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 605.0703 (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 \$.817.155, F.S.

Typed or printed name of signer

Umberto Sorbo

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CB SQUARED INVESTMENTS, 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 TWENTIETH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CB SQUARED INVESTMENTS, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203275625

Date: 08-20-18

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