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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BARTIZ & COLMAN LLP  
Account Number : I20000000130  
Phone : (561)864-5100  
Fax Number : (561)864-5101

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: L.falvani@BartizColman.com

Foreign Limited Liability Company  
Elmore Moose, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 02 4     |
| Estimated Charge      | \$160.00 |

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TALLAHASSEE, FLORIDA

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SEP 21 2018

# 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. ELMORE MOOSE, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine perjury liability)

5. 5300 Broken Sound Boulevard  
(Street Address of Principal Office)  
Suite 110  
Boca Raton, Florida 33487

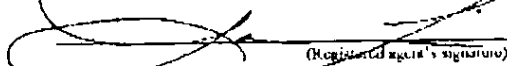
6. 5300 Broken Sound Boulevard  
(Mailing Address)  
Suite 110  
Boca Raton, Florida 33487

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

Name: Lauren A. Galvani, Esq.  
Office Address: 1075 Broken Sound Parkway NW, Suite 102  
Boca Raton, Florida 33487  
(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:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|-------------------|--------------------|-------------------|
|--------------------|-------------------|--------------------|-------------------|

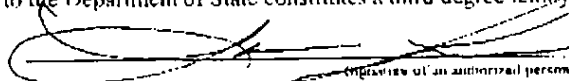
|         |                                                                                        |  |  |
|---------|----------------------------------------------------------------------------------------|--|--|
| Manager | Jeffrey A. Levitz<br>5300 Broken Sound Blvd. NW, Ste. 110<br>Boca Raton, Florida 33487 |  |  |
|---------|----------------------------------------------------------------------------------------|--|--|

|                 |                                                                                  |  |  |
|-----------------|----------------------------------------------------------------------------------|--|--|
| President & CEO | Alan Rutner<br>5300 Broken Sound Blvd. NW, Ste. 110<br>Boca Raton, Florida 33487 |  |  |
|-----------------|----------------------------------------------------------------------------------|--|--|

(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)

Lauren A. Galvani, Esq.

(Typed or printed name of signer)

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ELMORE MOOSE, 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 SEVENTH DAY OF SEPTEMBER, A.D. 2018.



7048006 8300

SR# 20186553521

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203384551

Date: 09-07-18

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