

M18000009952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PERMISSION FROM LAMAR CUMM TO
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LINE, 10/30/18 11:20 AM ✓

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18 OCT 24 PM 2:07

ScaleUP Enterprises, LLC.
Dover, DE

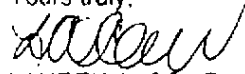
10/31/18

Florida Division of Corporations

Dear Sir/Madam:

By way of this letter I hereby confirm that I have no intention of revoking the voluntary dissolution of ScaleUP Enterprises, LLC in Florida and therefore, the name should be released.

Yours truly,



LAUREN A. COHEN
MEMBER

18 OCT 21 PM 2:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCALEUP ENTERPRISES 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:

LAUREN COHEN

Name of Person

C/O SCALEUP ENTERPRISES

Firm/Company

7050 W Palmetto Park Rd., Suite 15-322

Address

BOCA RATON, FL 33433

City/State and Zip Code

LAURENESQ@GMAIL.COM

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

For further information concerning this matter, please call:

LAUREN COHEN

954

914,3914

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. SCALEUP ENTERPRISES LLC.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
SCALEUP 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. DELAWARE 3. 83-1871706
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)
4. 9/1/18
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 874 Walker Rd, Suite C 6. 874 Walker Rd, Suite C
(Street Address of Principal Office) (Mailing Address)
Dover, DE, 19904, USA Dover, DE, 19904, USA

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

Name: E COUNCIL INC. CMA, INC.
Office Address: 7050 W Palmetto Park Rd., Suite 15-322
Boca Raton, Florida 33433
(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.

SAMI A. BELOW

(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>Presi</u>	<u>Lauren Cohen</u> <u>6268 Via Palladium</u> <u>Boca Raton FL 33433</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.

Lauren Cohen
(Signature of an authorized person)

Lauren Cohen

(Typed or printed name of signee)

18 OCT 20 PM 2

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCALEUP ENTERPRISES 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 NINTH DAY OF OCTOBER, A.D. 2018.



7023102 8300

SR# 20187016317

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

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

Authentication: 203572801

Date: 10-09-18