

MI8000010599

_____ (Requestor's Name) _____

_____ (Address) _____

_____ (Address) _____

_____ (City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

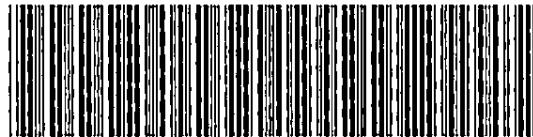
_____ (Business Entity Name) _____

_____ (Document Number) _____

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: High Roller Private Label 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:

Amnon Arama

Name of Person

High Roller Private Label LLC

Firm/Company

4093 N 28th Way

Address

Hollywood, FL 33020

City/State and Zip Code

lisagoblepa@gmail.com

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

For further information concerning this matter, please call:

<u>Lisa Goble</u>	<u>954</u>	<u>446-3175</u>
<u>Name of Contact Person</u>	<u>at (</u>	<u>Area Code</u>
	<u>)</u>	<u>Daytime Telephone Number</u>

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS: *L*

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. High Roller Private Label LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. S3-2325110

(FLI number, if applicable)

4. _____

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

5. 4093 N 28 Way

(Street Address of Principal Office)

Hollywood, FL 33020

6. 4093 N 28 Way

(Mailing Address)

Hollywood, FL 33020

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

Name: Amnon Arama

Office Address: 4093 28 Way

Hollywood

(City)

, Florida 33020

(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:

Member

Amnon Arama

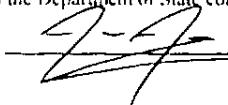
4093 N 28 Way

Hollywood, FL 33020

(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

Amnon Arama

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGH ROLLER PRIVATE LABEL 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGH ROLLER PRIVATE LABEL LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.

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

7117239 8300

SR# 20187602564

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



jeffrey w. bullock
Jeffrey W. Bullock, Secretary of State

Authentication: 203885044

Date: 11-13-18