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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	TASED ATHER, LLC	
	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	
Please re	eturn all correspondence concerning this matter to the following:	
	Alan Palange	
	Name of Person	
	TASED ATHER, LLC	
	Firm/Company	orida.
	2999 NE 191st Street Suite 808	
	Address	
	Aventura, FL 33180	
	City/State and Zip Code	
	Alan@Zokai.org	
	E-mail address: (to be used for future annual report notification)	
For furth	ner information concerning this matter, please call:	
	Alan Palange 305 239-8865 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 Circle Tallahassee, FL 32301	
Enclosed	is a check for the following amount:	
	S125.00 Filing Fee S130.00 Filing Fee & Certified Copy S160.00 Filing Fee, Certified Copy 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:

(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	orida. The alt	ernate name must include "Limited Liability	Company," "L.L.C," or "L.	LC.")	
Delaware			46-1270402			
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, i	f applicable)	_	
4.						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) iability)			
18851 NE 29th Ave 5.		6.	2999 NE 191st Street			
(Street Address of I	Principal Office)	U	(Mailing Address)	<u> </u>	<u> </u>	
Suite 700		;	Suite 808			
Aventura, FL 33180			Aventura, FL 33180			
7. Name and street addres Name:	ss of Florida registered agent: (P.O. Box Alan Palange	(<u>NOT</u> a	cceptable)	SECSE IAN É TALLAHASSEE	18 NOV 28 PM 3: 2	711
Office Address:	2999 NE 191st Street, Suite 808			TLE SIVE SE SIVE	PM 3: 21	Ċ
	Aventura		33180 , Florida	7>	-	
	(City)		(Zip code)			
Registered agent's accep	egistered agent and to accept service of		for the above stated limited lid red a <u>gent a</u> nd agree to act in			

Title or Capacity:	ress of the person(s) who has/have authority to manage is/are: Name and Address:
MGR	Alphadale King
	2325 NW59th Street
	Miami, FL 33142
	
	
se attachments if necessary)	
	no more than 90 days old, duly authenticated by the official having custody of records in torganized. (If the certificate is in a foreign language, a translation of the certificate under of the ce
This document is executed in according to the Department to the De	dance with section 605,0203 (1) (b), Florida Statutes. I am aware that any talse information tent of State constitute a third degree felony as provided for in s.817.155, F.S.
	Signature of an authorized person
	Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "TASED ATHER, 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TASED ATHER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2012.



Authentication: 203949028

Date: 11-21-18