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(	Requestor's Name)	)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	





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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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T SCHROEDER

### COVER LETTER

TO:	Registration Section Division of Corporatio	ns			
SUBJE	CT: SOCIUX, LLC				
		Name of	Limited Liability	Company	<del></del>
The enc Existen	closed "Application by Fo	reign Limited Liability Comped to register the above refer	pany for Authoriz enced foreign limi	ation to Ti ited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida
Please r	eturn all correspondence	concerning this matter to the	following:		
	Fabian Ram	os			
		N	ume of Person	-	
		Fi	irm/Company		
	6907 Westo	hester Cir.			
			Address	<del>_</del>	<del> </del>
	Bradenton, F	FL 34202			
		City/S	tate and Zip Code		
	framosn@yah	noo.com			
		E-mail address: (to be used	for future annua	report no	tification)
For furth	her information concernin	g this matter, please call:			
	Darrell Young		_ at (_800	375-2	2453
	Name o	f Contact Person	Area Code	Day	vtime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314			Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section Building eccutive Center Circle see, FL 32301
	l is a check for the follow  ☑ \$125.00 Filing Fee	ing amount:  \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "	"Linuted Liability	y Company," "L l	C," or "l	.LC ")
Alaska		3.				
(Jurisdiction under the law of w	high foreign limited liability company is organized)	J	(FEI number,	if applicable)		_
	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to der	r to registration )				
505 Old Steese Hv			nton Cin			
(Street Address of		6. 6907 Westches	Ster Cir. Mailing Address	1		_
Fairbanks, AK 997		Bradenton, FL	-	′ - <del>-</del> i₁		
			'.	— <del>}</del>	<del>-</del>	_
		<del></del>		<u> </u>	<del>- 0</del>	
Name and atmost address	on of the state of	MAND LES			C	1
isame and <u>street addres</u>	ss of Florida registered agent: (P.O. B	ox NOT acceptable)		25.25	-7	-25
Name:	Fabian Ramos				7.00	TT:
Office Address:	6907 Westchester Cir.			77	P.	
Office Audress:		<del></del>		95	<del></del>	<b></b>
	Bradenton	, Florida <u>34</u>	4202	솔슈	25	
	(City)		(Zip code)	do -	<u> </u>	
ving been named as re lignated in this applica comply with the provise	vance:  gistered agent and to accept service of  tion, I hereby accept the appointmen  ions of all statutes relative to the prop s of my position as registored agent.	t as registered agent and agre	ee to act in	this capacit	v. I fur	ther a
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Typed or printed name of signee

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Alaska Entity #10095140

## State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

## **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

#### SOCIUX, LLC

This entity was formed on November 26, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 28, 2018**.

Mike Navarre Commissioner

Mile Marane