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(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:				
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#### COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SEND ENTERPRISES, LLC
	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck 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:
	Nicole Pearl, Esq.
	Name of Person
	Pearl & Associates Law, PA
	Firm/Company
	1172 S. Dixie Highway, #163
	Address
	Coral Gables, FL 33146  City/State and Zip Code
	Pearl@LawPearl.com
	E-mail address; (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
	at ( 305 ) 905-1518
	Name of Contact Person Area Code Daytime Telephone Number
Divisio Registr P.O. Bo	NG ADDRESS:  n of Corporations  ation Section  ox 6327  See, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
_	eck for the following amount:  25.00 Filing Fee Status S130.00 Filing Fee Status S155.00 Filing Fee Status S160.00 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:

SEND ENTERPRISES			
(Name of Foreign i	Limited Liability Company; must include "I	Limited Liability	Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate na	time adopted for the purpose of transacting business	s in Florida. The all	emate name must include "Limited Liability Company," "L. L. C," or "LLC,")
DELAWARE		3.	(FEI number, tf applicable)
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)	<del>_</del>	(FEI number, if applicable)
	(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to c	irior to registration determine penalty li	ability)
1172 S. DIXIE HIGH	WAY, SUITE 340	6.	1172 S. DIXIE HIGHWAY, SUITE 340
(Street Address of P	nncipal Office)	•	(Mailing Address)
CORAL GABLES, F	LORIDA 33146		CORAL GABLES, FLORIDA 33146
			· · · · · · · · · · · · · · · · · · ·
		_	
Name and street address  Name:	§ of Florida registered agent: (P.O.  PEARL & ASSOCIATES LAY		cceptable)
Office Address:	1172 SOUTH DIXIE HIGHWA	AY, SUITE I	63
	CORAL GABLES (City)		, Florida <u>33146</u> (Zip code)
signated in this applicate comply with the provision	gistered agent and to accept servic- tion, I hereby accept the appointme	ent as registe oper and con	or the above stated limited liability company at the plac red agent and agree to act in this capacity. I further ag aplete performance of my duties, and I am familiar wit

Title or Capacity:	Name and Address:
Mgr	Pearl & Associates Law, PA
	Tearree Associates Law, 177
	1172 South Dixie Highway, Suite 163
	Coral Gables, FL 33146
	<u> </u>
	<del></del>
Jse attachments if necessary)	
	, no more than 90 days old, duly authenticated by the official having custody of records in sorganized. (If the certificate is in a foreign language, a translation of the certificate under
	rdance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information nent of State constitutes a third degree felony as provided for in s.817,155, F.S.
	mil
	Signature of an authorized person
	Dirdi Dear

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "SEND ENTERPRISES,
LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF DECEMBER,
A.D. 2018, AT 1:22 O'CLOCK P.M.



Authentication: 204185763

Date: 12-27-18

# STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

#### FIRST Name

The name of the limited liability company is: Send Enterprises, LLC

#### SECOND Registered Agent

The address of its registered office in the State of Delaware is 8 The Green, Suite A in the City of Dover. Zip code 19901.

The name of its registered agent at such address is A Registered Agent Inc.

### THIRD Duration

The duration of the limited liability company shall be perpetual.

#### FOURTH Purpose

The purpose for which the company is organized is to conduct any and all lawful business for which Limited Liability Companies can be organized pursuant to Delaware statute.

**In Witness Whereof,** the undersigned have executed this Certificate of Formation this <u>19</u><sup>th</sup> day of <u>December</u>, <u>2018</u>.

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:22 PM 12/19/2018
FULED 01:22 PM 12/19/2018
SR 20188255775 - File Number 7201550

By:

Authorized Person

Name: Patrick Brickhouse

# <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "SEND 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEND ENTERPRISES, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2018.

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

at corn delawate gov/auth

Authentication: 204185755

Date: 12-27-18