# M19000002418

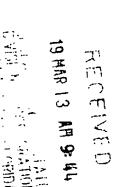
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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S. PRATHEL!

#### Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.Incserv.com

e-mail: accounting@incserv.com

## **incserv**<sup>2</sup>

#### **ORDER FORM**

**TO** Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM Karen Elliott

kelliott@incserv.com

302.531.3150

**REQUEST DATE** 3/13/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 727147

ORDER ENTITY MAKESPACE, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES:

MAKESPACE, LLC (FL)

File the attached foreign qualification document

#### **NOTES:**

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, March 13, 2019 Page 1 of 1

### 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:

une unavailable, enter alternate na	ume adopted for the purpose of transacting business in Flo	inda The al	ternate name must include "Limited Liability	Company, ", L.L.C." 65 LA
Delaware		3	83-3733827	Company, "LLL C." 50 HAR
(Jurisdiction under the law of which foreign limited liability company is organized		J,	(FEI number, if	applicable)
				<b>2</b>
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	)	* 1
		ine penalty		— [Fig. 9: 05
123 William Street, Floor 22		6	123 William Street, Floor 22	( .
(Street Address of Principal Office)		0.	(Mailing Address)	
New York, NY 10038			New York, NY 10038	
- \				_
	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)	
Name and street address	2 of the last registered agent. (1.0. Do.			
Name and <u>street addres</u>	S of Privide registered agent. (1.0. Do.			
	Incorporating Services, Ltd.			
Name and <u>street addres</u> Name:				
Name:	Incorporating Services, Ltd.  1540 Glenway Drive	·		
	Incorporating Services, Ltd.	·		
Name:	Incorporating Services, Ltd.  1540 Glenway Drive	·	32301 Florida	

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.

Main E. Glist Karen E. Elliott, Assistant Vice President

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Rahul Gandhi Manager Manager Name: \_\_\_\_\_ Manager Address: 123 William Street, Floor 22 Address: Member Member New York, NY 10038 Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_ Name: Manager Name: \_\_\_ Manager ☐ Member Member Address: Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Other Manager Name: \_\_\_\_\_ Name: Address: Member Address: Member ☐ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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

Typed or printed name of signee

Rahul Gandhi, Member

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAKESPACE, 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 MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAKESPACE, LLC"

WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2019.

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



Authentication: 202428481

Date: 03-13-19

7284012 8300 SR# 20191931312