

M19000005550**Florida Department of State****Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.
Account Number : I19980000080
Phone : (305)538-2344
Fax Number : (305)538-0419

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PBS@SenatorLaw.com**Foreign Limited Liability Company****Best Apps, LLC**

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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. Best Apps, L.L.C.
(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 3. 81-1968071
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. c/o Doug Bowen 6. c/o Doug Bowen
(Street Address of Principal Office) (Mailing Address)

3737 Collins Avenue, # S-1304

3737 Collins Avenue, # S-1304

Miami Beach, FL 33140

Miami Beach, FL 33140

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

Name: Richard L. Steinberg, Esq.

Office Address: 767 Arthur Godfrey Road

Miami Beach 33140-3413
(City) , Florida (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)

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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:**

☐ Manager Name: Michael Bowen

☒ Member Address: 3737 Collins Avenue, # S-1304

☒ Authorized Person Miami Beach, FL 33140

☒ Other President ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Douglas Bowen

☒ Member Address: 3737 Collins Avenue, # S-1304

☒ Authorized Person Miami Beach, FL 33140

☒ Other Secretary ☐ Other Treasurer

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Douglas Bowen

Signature of an authorized person

Douglas Bowen

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEST APPS, 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 THIRTY-FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEST APPS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2018.

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



6723865 8300

SR# 20195030616

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202934305

Date: 05-31-19

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