NACOOPIGA

| (F | Requestor's Name) | | | |
|---|------------------------|--|--|--|
| A) | Address) | | | |
| (A | Address) | | | |
| (C | ity/State/Zip/Phone #) | | | |
| PICK-UP | MAIL MAIL | | | |
| (Business Entity Name) | | | | |
| (C | Pocument Number) | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | • | | | |
| Zim | | | | |
| MACC | 047556 | | | |

Office Use Only



900326864479

900326554479 55553-663-663-66

SECRETARY OF STATE

2019 JUN 24 PM 4: 06

Y SCOTT





May 14, 2019

KIM MARTIN 2001 BISCAYNE BLVD. #117-120 MIAMI, FL 33137

SUBJECT: HARAMBY LLC Ref. Number: W19000047556

We have received your document for HARAMBY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 419A00009739

Yvette Scott Document Specialist II

www.sunbiz.org

D: : CO C: DO DOY COOF M II I DI : I 0001

COVER LETTER

| TO: | | ration Section on of Corporations | | | | | | |
|--|---------------------|--|--|---|--------------------------------------|--|-----------------------|----------------------|
| SUBJE | H CT: | aramby LLC | | | | | _ | |
| SODJE | C1 | | Name of | Limited Liability C | Company | | - | |
| The enc Existence | tosed ". ce, and | Application by Foreign L check are submitted to re | Limited Liability Compagister the above refer | pany for Authoriza enced foreign limit | tion to Transact ed liability com | Business in Florida ipany to transact bus | ." Certif iness in | icate of Florida. |
| Please r | eturn al | l correspondence concer | ning this matter to the | following: | | · — | ~ | |
| | | Kim Martin | | | | SECR ALLA | 12 NUL 6102 | 77 |
| | | | .\ | ame of Person | | HAS | ≥ 2 | _ |
| | | Haramby LLC | | | | 338 0.48 | | FILED |
| | | | F | irm/Company | | FL0 | <u>۔ ج</u> | D |
| | | 2001 Biscayne Blvd. | # 117-120 | | | SIATE | PM 4: 06 | |
| Address | | | | | | | | |
| | | Miami, FL 33137 | | | | | _ | |
| | | | City/S | State and Zip Code | - | | | |
| | | kim@haramby.com | | | | | | |
| | | E-m | nail address: (to be use | d for future annual | report notificat | tion) | _ | |
| For furt | her info | rmation concerning this | matter, please call: | | | | | |
| | Kim ! | Martin | | 954 at (| 793-7380 | | _ | |
| | | Name of Cor | ntact Person | Area Code | Daytime | Telephone Number | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| | Please | sed is a check for the fole make check payable to: 125.00 Filing Fee | lowing amount: FLORIDA DEPAR' \$130.00 Filing Fee | _ | TE Filing Fee & | □ \$160.00 Filin | ~ | |
| | - | Č | Certificate of St | | ied Copy | of Status & C | ertified | Copy |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| - L.b.I | me adopted for the purpose of transacting business in Flo | rida. The alternate name must include "Limited Liab | oility Company," "L.L.C," or "LLC.") | | | |
|--|--|---|---|--|--|--|
| Delaware | the adopted for the purpose of this adopted | 83-4046748 | | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | 3 | (FEI number, if applicable) | | | |
| (Jurisdiction under the law of wh | ich foreign inmred flantity company is organized) | | | | | |
| 04/15/2019 | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine | registration.) ine penalty liability) | | | | |
| 125 NE 32nd ST | | 2001 Biscayne Blvd. #117- 6. (Mailing Addi | -120 Z .o. 23 | | | |
| (Street Address of P | rincipal Office) | (Mailing Addi | EC 19 | | | |
| Miami FL 33137 | | Miami FL 33137 | HAZ VIN | | | |
| | | | RY SE | | | |
| | | | ma. | | | |
| | | | | | | |
| | | | - FS - D | | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | : <u>NOT</u> acceptable) | PH 4: 0 | | | |
| Name and street address | s of Florida registered agent: (P.O. Box | NOT acceptable) | PR 4: 06 | | | |
| Name and street addres | | : <u>NOT</u> acceptable) | PH 4: 06 | | | |
| Name and street address Name: | s of Florida registered agent: (P.O. Box | NOT acceptable) | PH 4: 06 | | | |
| | | : <u>NOT</u> acceptable) | PH 4: 06 | | | |
| | Kim Brown | : <u>NOT</u> acceptable) | PH 4: 06 | | | |
| Name: | Kim Brown 125 NE 32nd ST | | 4: 06 TATE ORIDA | | | |
| Name: | Kim Brown 125 NE 32nd ST Miami | | 4: 06 TATE ORIDA | | | |
| Name: | Kim Brown 125 NE 32nd ST | <u>. </u> | 4: 06 TATE ORIDA | | | |
| Name: Office Address: | Kim Brown 125 NE 32nd ST Miami (City) | Florida(Zip cox | 4: 06 TATE ORIDA | | | |
| Name: Office Address: egistered agent's acceptiving been named as re- | Kim Brown 125 NE 32nd ST Miami (Cay) stance: registered agent and to accept service of | 33137 Florida(Zip coc. process for the above stated limited as registered agent and agree to act | ORIDA I Liability company at the plate in this capacity. I further a | | | |
| Name: Office Address: egistered agent's acceptiving been named as resignated in this applications of the provision of the p | Kim Brown 125 NE 32nd ST Miami (Cay) stance: egistered agent and to accept service of tion. I hereby accept the appointment of the constant of the prope | 33137 Florida(Zip coc. process for the above stated limited as registered agent and agree to act | ORIDA I Liability company at the plate in this capacity. I further a | | | |
| Name: Office Address: egistered agent's accep aving been named as re esignated in this applica camply with the provisi | Miami (Cay) stance: | 33137 Florida(Zip coc. process for the above stated limited as registered agent and agree to act | ORIDA I Liability company at the pla | | | |
| Name: Office Address: egistered agent's acceptaving been named as reesignated in this applicate comply with the provisi | Kim Brown 125 NE 32nd ST Miami (Cay) stance: egistered agent and to accept service of tion. I hereby accept the appointment of the constant of the prope | 33137 Florida(Zip coc. process for the above stated limited as registered agent and agree to act | ORIDA I Liability company at the plate in this capacity. I further a | | | |

| 8. For initial indeximanage [up to six (6 | ing purposes, list names, title or capacity and o) total]: | l addresses of the primary i | members/mana | gers or persons authorized to |
|--|--|--|---|--|
| Title or Capacity: | Name and Address: | Title or Capacity | <u>:</u> | Name and Address: |
| ☐Manager | Name: Kim Brown | Manager Manager | Name: | |
| Member | Address: 125 NE 32nd ST | Member | Address: | |
| Authorized | Miami FL 33137 | Authorized | | |
| Person | | Person | | |
| Other | Other | Other | | Other |
| ☐Manager ☐Member ☐Authorized | Name: | ☐ Manager ☐ Member ☐ Authorized | Name: | 21 SSE |
| Person Other | Other | Other | | Other |
| ☐Manager ☐Member ☐Authorized | Name: | ☐ Manager ☐ Member ☐ Authorized | Address: | |
| Person | | Person | | |
| Other | Other | Other | | Other |
| 9. Attached is a cer- jurisdiction under the of the translator mu | is executed in accordance with section 605.0 ment to the Department of State constitutes a Sugar Kim Brown | Florida Department of Stalld, duly authenticated by the ficate is in a foreign language (1) (b), Florida Statuto | nte Annual Rep ne official havi ge, a translation es. I am aware t | ort form. Ing custody of records in the confidence of the certificate under oath that any false information |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HARAMBY 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-EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARAMBY LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2019.

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

HASSEF FINALE

7325873 8300 SR# 20194640770

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

Justicey W. Business, Secretary of State

Authentication: 202906613

Date: 05-28-19