19000007381

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

Office Use Only



300330894493

06/25/19--01019--019 **105.00

2019 JUL 30 PM 4: 45

B KINSEY AUG 1 - 2019



July 9, 2019

REBECCA WOLF 28 BEECHER PL UNIT A NEWTON, MA 02459

SUBJECT: COSMIC BOOTH, LLC Ref. Number: W19000062736

We have received your document for COSMIC BOOTH, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 619A00013773

RECFIVED
JUL 3 0 2019

COVER LETTER

SUBJECT: Cosmic Booth, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:
Rebecca Wolf Name of Person
Cosmic Booth, LLC
Firm/Company
28 Beecher Pl Unit A
Newton MA 02459 City/State and Zip Code
its beccawolf@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebecca Wolf at (954) 675-5725 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
\$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \text{\$\sum \$\sum \text{\$\sum \sed \sin \text{\$\sum \text{\$\sin \text{\$

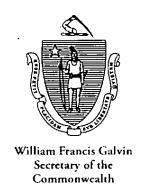
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

_	Eimited Liability Company: must include "Limited Liability Com		
	Chusetts Chuset	name must include "Limited Liability (
. <u> </u>	(Date first transacted business in Florida, if prior to registration.) (See sections 005.0904 & 605.0905, F.S. to determine penalty liability		_
. 28 Bef	(See sections 605,0904 & 605,0905, F.S. to determine penalty liability	20 0	- PI
unit f		unit A	
·	MA 02459	Newton, MA	02459
Name and street address Name:	s of Florida registered agent: (P.O. Box <u>NOT</u> accep Northwest Registered Agent LLC	table)	2019 J
Office Address:	7901 4th St N STE 300		FIED 2019 JUL 30 PH 4
	St. Petersburg	Florida 33702	
lesignated in this applica o comply with the provisi	tance: gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered of ions of all statutes relative to the proper and comple ts of my position as registered agent.	agent and agree to act in ti	oility company at the place his capacity. I further ago
	(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: Rebecca Wolf Name: Zachary Wolf Manager Manager Address: 28 Beecher Pl Address: 28 Reecher 71 🚣 Member Member unit A Authorized ☐ Authorized <u>unit A</u> Newton, MA 02459 Newton MA 02459 Person Person Other____ Other Other Other Manager Manager Manager Name: _____ Member Address: Member Address: Authorized Authorized Person Person Other_ Other Other Other Manager Manager Manager Name: Member Member Address: Address: ___ Authorized Authorized Person Person 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. Klikelilik Wolfe Signature of an authylared person

Rebecca Wolf



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

July 19, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

COSMIC BOOTH LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 15, 2019.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

l also certify that the names of all managers listed in the most recent filing are: ZACHARY WOLF, REBECCA WOLF

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ZACHARY WOLF, REBECCA WOLF

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ZACHARY WOLF, REBECCA WOLF



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin