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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2019 MES / COMPS



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

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 Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 8/21/2019

PRIORITY Routine

OUR REF # (Order ID#) 765401

ORDER ENTITY

PLENARY JUSTICE MIAMI LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PLENARY JUSTICE MIAMILLC (FL)

File the attached foreign qualification document and provide a certified copy as evidence.

2019 AUG 21 PM 4: 3:

NOTES:

\$155.00 Authorized

Email address for annual report reminders: jacob@recordsearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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.

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:

	Limited Liability Company; must include "Limited Le						
name unavadable, enter alternate n	same adopted for the purpose of transacting business in Florida.	The altern	ate name inust include	"Limited Liability Co	mpany," "L L.C.	" or "LLC."	I
DELAWARE			8-216281!				
(Incisdiction under the law of which foreign limited hability company is organized)		3	(FEI munber, if applicable)				
	Day that represented byttimes in Florida, if upper to rear	iralion I			5	20	
	(Date first transacted business in Florida, if prior to regis (See sections 605 0904 & 605,0905, F.S. to determine p	enalty liabi	luy)		É	15	
100 N TAMPA ST ST		6.	555 W 5th ST	STE 3150	A:C) (
(Street Address of	Principal Office)	V		Mailing Address)	S.F.	2019 AUQ 21	
TAMPA, FL 33602	_		LOS ANGELE	S, CA 90013	SEE	P	Ţ
					FLOR	PH 4: 34	ľ
			<u> </u>		20 A	—ట్ల	
	$_{ t ss}$ of Florida registered agent: (P.O. Box $ { t N} $	OT acc	eptable)		1		
Name and street addres	53 Of Florida registered agent. (1.10) is on E	<u> </u>					
Name and <u>street addres</u> Name:	Registered Agent Solutions, In						
Name:	Registered Agent Solutions, In		 , Florida	32301			
Name:	Registered Agent Solutions, In 155 Office Plaza Dr. Suite A			32301 (Zip code)			

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: PLENARY JUSTICE MIAMI HOLDCO LTD Name: __ BRIAN BUDDEN Manager 🗖 Name: Manager 333 BAY ST STE 4920 555 W 5th ST STE 3150 Address: Member Member Member TORONTO, ON M5H 2R2 LOS ANGELES, CA 90013 Authorized Authorized CANADA Person Person Other__ Other____ Other_ Other Name: ____STUART MARKS Manager Manager Address: 555 W 5th ST STE 3150 Member Member LOS ANGELES, CA 90013 Authorized Authorized Person Person __Other_____ Other_ Other_ Name: _____ Manager | Name: __ Manager Member Address: _____ 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 Stuart Marks

Typed or printed name of signer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PLENARY JUSTICE MIAMI 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 TWENTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLENARY JUSTICE MIAMI LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2019.

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

Authentication: 203438435

Date: 08-20-19

7468055 8300 SR# 20196606409