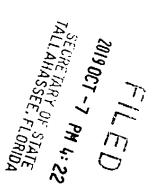
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(F	Requestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 945841 8285237

AUTHORIZATION : Signella Company

COST LIMIT : \$ 963.75

ORDER DATE : October 4, 2019

ORDER TIME : 9:27 AM

ORDER NO. : 945841-005

CUSTOMER NO: 8285237

om **7** 

#### FOREIGN FILINGS

NAME: LOCALHOUSE ACQUISITIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62968

EXAMINER:

## 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:

LocalHouse Acquisiti	ions, LLC						
(Name of Foreign	Limited Liability Company: must include "Limit	ed Liability Com	pany," "L.L.C.	," or "LLC.")			
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in FI	orida. The alternate	name must includ	de "Limited Liability	Company," "L.1	.C," or "LLC.")	
Delaware 2.		37-1907935					
2. (Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, (f-popheable)				
09/01/2018					CRETA	77	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) ine penalty liability	)		pse Tick		
134 N 4th St, Brooklyn, NY 11249 5. (Street Address of Principal Office)		134 6	N 4th St, E	Brooklyn, NY (Mailing Address)	11249	·	
(Street Address of I	Principal Office)	<u> </u>		(Mailing Address)	SHAT S		
					Dri N	S	
·				_		<del></del>	
				-			
7. Name and street address	ss of Florida registered agent: (P.O. Box	c <u>NOT</u> accept	table)				
Name:	Corporation Service Company		_				
	1201 Hays Street						
Office Address:			_				
	Tallahassee		, Florida	32301			
	(City)		r ionida _	(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.

Corporation Service Company
By:

Registered agent's signature)

Roxanne Turner
Asst. Vice President

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: Local House International, Inc. Name: Rami A Zeidan Manager Manager Address: \_\_\_\_\_\_\_ Address: \_ 134 N 4th St. Member Member New York, NY 10010 Brooklyn NY 11249 Authorized Authorized Person Person Other\_\_\_\_ Other Other\_ Manager Manager | Name: \_\_\_\_\_ Name: Member Address: Member Address: Authorized Authorized Person Person Other Other\_\_\_\_ Other Other\_\_\_\_ Manager Manager Manager Name: \_\_\_\_\_ Member Address: ☐ Member 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. Signature of an authorized person

Typed or printed name of signee

Rami A Zeidan

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LOCALHOUSE ACQUISITIONS, 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 SEVENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, ACCOUNTY OF THE SAID "LOCALHOUSE ACCOUNTY OF THE SAID "LOCALHO

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

Authentication: 203735561

Date: 10-07-19