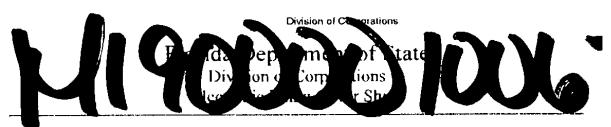
10/18/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company ELALUZ LLC

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OCT 2 1 2019

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

| COMPANYTO TRANSACT BI | USINESS INTERESTATE OF FLORIDA: | | | | | |
|--|---|--|--|-----------------------------|--|--|
| I. Elahiz LLC | | | | | | |
| (Name of Foreign | Circled Liability Company; must inchike "Limit | al Cability Company," "L | .L.C.," or "(J.C.") | | | |
| | name adopted. For the purpose of transacting Business in St. | | | | | |
| (it warne teworktoble, enter ultertase t | rame adopted. Rin the purpose of transacting masuless in 51. | aids. The alternate name may | enclude "Liented Liability Compan | y," "L.I.,"C," w "1.I (C.") | | |
| Delaware 2. | | | 83-3634467 | | | |
| (Janualetism under the law of w | keeb foreign landed initiality company is organized) | ·*· | (Fill rursset, if applical | Ste) | | |
| 4 | | | | | | |
| | (Dieto Eris, transactad Business in Florida, if prior to (See sections 605 0904 & 605,0905) E.S. to determ | registration.) and penalty liability) | | | | |
| 5 | | 6. | | | | |
| (Street Address of | Principal Office) | · | (Mailing Address) | | | |
| 3800 NE 1st Ave - 6th | Floor | | | € 3 | | |
| | | | | 35 | | |
| Miami Fl 33137 | | | | ; ; | | |
| | | | | - | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | 80 | | |
| | | | | === | | |
| | C T Corporation System | | | 122 | | |
| Name: | | | | ن | | |
| Office Address: | 1200 South Pine Island Road | | | ~ | | |
| V | Plantation | | 33324 | | | |
| | (City) | , Flori | 33324 idu(Zip coce) | | | |
| | (Ciry) | | (Ζώρ (ολλ.) | | | |
| Registered agent's accep | | | | | | |
| | gistered agent and to accept service of p tion, I hereby accept the appointment a | | | | | |
| | ion; I hereby accept the appointment a ions of all statutes relative to the proper | | | | | |
| and accept the obligation: | s of my position as registered agent. | C4.es. | . Q., . | | | |
| | C.T. Corporation System | | m Pari | | | |
| | Stephanie Boehm, Ass | istant Secretar | <u>y </u> | | | |
| | (Registered agent's | eigratice} | | | | |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorize munage [up to six (6) total]:

| Title or Capacity; | Name and Address: | Title or Capacit | YI. | Name and At | ldress: |
|--------------------|--|------------------|----------|-------------|-------------|
| Manager | Name: Luxury Brand Partners, LLC | Manager | Name: | | |
| ⊠Member | Address: 3800 NE 1st Ave - 6th Floor, | ☐ Member | Address: | | |
| Authorized | Міапіі, FL 33137 | Authorized | | | |
| Person | But with the first transfer to the second transfer transfer to the second transfer tr | Person | | | |
| Oiher | []Other | [Chier | | Other | |
| Munager | Name: Super Vaidosa Media, Inc. | Manager | Name: | | |
| ⊠ Member | Address: 20 Erin Way, | Member | Address: | | |
| Authorized | Holliston, MA 01746 | ☐ Authorized | | | |
| Person | | Person | | | 2 |
| Other | Other | Other | | Other | <u> </u> |
| | | | | • | |
| ⊠Manager | Name: Tevyn Finger | Manager Manager | Name: | | |
| Member | Address: 3800 NE 1st Ave - 6th Floor | Member | | | 翠 |
| Authorized | Miami, FL 33137 | Authorized | | | Ņ |
| 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 or 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 5.817.155, F.S.

Mallory Capasso

Mallory Capasso, Authorized Person for Luxury Brand Partners, LLC, its mer

Typed or printed name of angree



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELALUZ 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2019.

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

7094996 8300 SR# 20197617047 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 2038211

Date: 10-18-