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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

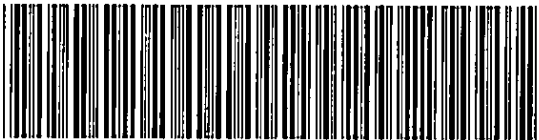
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MORRIS LAW GROUP

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Practicing Exclusively In:
Estate & Gift Tax Planning
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Wills & Trusts
Business Structuring & Succession
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Probate & Trust Administration
Special Needs Planning

November 13, 2019

Via FedEx

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Lavanblue Group, LLC
Our File No: 23326.007

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Dear Sir or Madam:

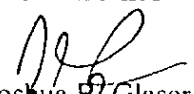
Enclosed please find the following documents regarding the application of Lavanblue Group, LLC for authorization to transact business in Florida:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Delaware Good Standing Certificate; and
4. Check Payable to **Florida Department of State** in the amount of \$155.00.

Please return the original certified copy to our Boca Raton office. I have enclosed a self-addressed FedEx envelope for your convenience. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

MORRIS LAW GROUP


Joshua B. Glaser
JBG/jdl
Enclosures

P:\23326 007\Lit Reg t-d business in FL-Lavanblue Gr LLC docs

ADDITIONAL OFFICES:

Aventura: 20801 Biscayne Boulevard, Suite 304, Aventura, FL 33180 • 305-682-8330
West Palm Beach: 777 South Flagler Drive, West Tower, Suite 800, West Palm Beach, FL 33401 • 561-805-9533
Weston: 2843 Executive Park Drive, Weston, FL 33331 • 954-726-1214

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAVANBLUE GROUP, 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:

_____ Name of Person
MORRIS LAW GROUP
_____ Firm/Company
7284 W PALMETTO PK RD, Suite 101
_____ Address
BOCA RATON, FLORIDA 33433
_____ City/State and Zip Code
ECOMPLIANCE@LAW-MORRIS.COM
_____ E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Joseph D. Lieberman	561	750-3850
_____ Name of Contact Person	at (_____) _____ 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|--|---|---|---|

**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:

1. LAVANBLUE GROUP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1801 NE 149 ST
(Street Address of Principal Office)

6. 1801 NE 149 ST
(Mailing Address)

NORTH MIAMI, FL 33181

NORTH MIAMI, FL 33181

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MLG SERVICES, LLC

Office Address: 7284 W PALMETTO PK RD

BOCA RATON 33433
(City) , Florida (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.

(Registered agent's signature)

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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:**
☒ Manager Name: DIDISTRIBUTION, LLC
☐ Member Address: 9421 E BROADVIEW DR
☐ Authorized BAY HARBOR, FL 33154
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 R. MORRIS, ESQ., AUTHORIZED PERSON

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LAVANBLUE GROUP, 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 TWELFTH DAY OF NOVEMBER, A.D. 2019.

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7633123 8300

SR# 20198023993

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203981496

Date: 11-12-19