

MI9000011838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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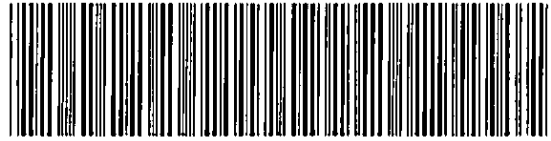
(Business Entity Name)

(Document Number)

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**DATE: 12/12/19**

**NAME: CLOUD ENTERPRISE LLC**

**TYPE OF FILING: APPLICATION**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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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. Cloud Enterprise 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. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 38-4022817  
(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. 725 River Road  
(Street Address of Principal Office)

6. 725 River Road  
(Mailing Address)

Suite 216

Suite 216

Edgewater, NJ 07020

Edgewater, NJ 07020

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301  
(City) (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.

Joe Yonck Assistant Secretary  
(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]:

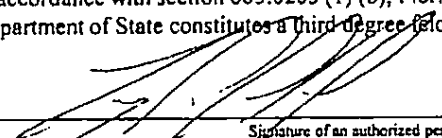
| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>           | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>          |
|--|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Manager               | Name: <u>Troy Smith</u>            | <input type="checkbox"/> Manager               | Name: <u>Daniel Snow</u>          |
| <input type="checkbox"/> Member                | Address: <u>6320 Canoga Avenue</u> | <input type="checkbox"/> Member                | Address: <u>226 The Promenade</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Suite 1700</u>                  | <input checked="" type="checkbox"/> Authorized | <u>Edgewater, NJ 07020</u>        |
| Person   | <u>Woodland Hills, CA 91367</u>    | Person   |                                   |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other     | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Manager               | Name: _____                        | <input type="checkbox"/> Manager               | Name: _____                       |
| <input type="checkbox"/> Member                | Address: _____                     | <input type="checkbox"/> Member                | Address: _____                    |
| <input type="checkbox"/> Authorized            | _____                              | <input type="checkbox"/> Authorized            | _____                             |
| Person   | _____                              | Person   | _____                             |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other     | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Manager               | Name: _____                        | <input type="checkbox"/> Manager               | Name: _____                       |
| <input type="checkbox"/> Member                | Address: _____                     | <input type="checkbox"/> Member                | Address: _____                    |
| <input type="checkbox"/> Authorized            | _____                              | <input type="checkbox"/> Authorized            | _____                             |
| Person   | _____                              | Person   | _____                             |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other     | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other    |

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**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

Troy Smith  
 \_\_\_\_\_  
 Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

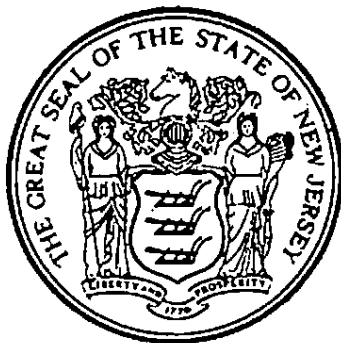
**CLOUD ENTERPRISE LLC  
0450113019**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 18, 2016.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**DANIEL SNOW  
226 THE PROMENADE  
EDGEWATER, NJ 07020**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
11th day of December, 2019*

*Elizabeth Maher Muoio*

**Elizabeth Maher Muoio  
State Treasurer**

**Certificate Number : 6103163574**

**Verify this certificate online at**

**[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)**

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