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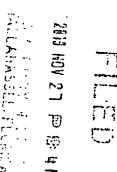
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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JAN 0.2 COD T. LEWIEUX

COVER LETTER

- -	ision of Corporations					
SAN CT:	€ }	UPP Glob	oal, LLC			
		Name of Lir	nited Liability C	Company		
osed e, an	"Application by Foreign L d check are submitted to re	limited Liability Comparegister the above reference	y for Authorizated foreign limit	tion to Transact Business in Flori ed liability company to transact b	da," usin	
turn	all correspondence concer-	ning this matter to the fo	llowing:			
	Lynne Houle					
		Nam	ie of Person			
	Bernstein Shur					
		Firm	n/Company			
	P.O. Box 9729					
Address						
Portland, ME 04104-5029						
		City/Stat	e and Zip Code			
	lhoule@bernsteinshur.c	com				
	E-m	ail address: (to be used f	or future annual	report notification)		
irther ir	nformation concerning this	matter, please call:				
Lyn	ine Houle		207 at (774-1200		
	Name of Con		Area Code	Daytime Telephone Number	er	
MAILING ADDRESS: Division of Corporations Registration Section				STREET ADDRESS: Division of Corporations Registration Section		
	. Box 6327 ahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	losed is a check for the foll use make check payable to:		IENT OF STAT	rr		
\		\$130.00 Filing Fee & Certificate of Statu	\$155.00	Filing Fee & S160.00 Filed Copy of Status &	_	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTIIORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo	rida. The alternate	name must include "Limit	ed Liability	Company."	"L.L.C." or "LLC	
Delaware		83-1	1043676				
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3	3. (FEI number, if applicable)				
n/a							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty hability)		_		
496 Congress Street, S		496	Congress Street, Suite 3				
(Street Address of I	nnerpal Office)	6. (Mailing Address)					
Portland, ME 04101		Portland, ME 04101					
Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> accep	table)	7	2519 HOV 2	71	
Name:	Daniel McNutt		_		פי רק		
ivanic.	120 95th Avenue		_	Lene.	<u>क</u> -	U	
Office Address:							
	Treasure Island		33706 Florida				

ace igree ith to comply with the provisions of all statutes relative to and accept the obligations of my position as registered ogent.

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: Title or Capacity: Name and Address: Name: ___ Name: Robert Zuritsky Manager ■ Manager c/o UPP Global, LLC Address: 120 95th Avenue ☐ Member 496 Congress Street, Suite 3 Treasure Island, FL 33706 Authorized Authorized Portland, ME 04101 Person Person Other Other Other Other Manager Manager Manager Name: Member Address: _____ Member Address: _____ Authorized Authorized Person Person Other____ Other_____ Other____ Other Name: Name: Manager Manager Manager Member Address: Member Address: 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.

Lynne D. Houle

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "UPP GLOBAL, 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2019.

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



Authentication: 203890825

Date: 10-29-19