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Special Instructions to	Filing Officer:						
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,	Instant Retail Systems	, LLC			•	
SUBJECT:						
			ited Liability	Company		_
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Please return	n all correspondence con	cerning this matter to the following	owing:			
	Michael DeLazze	r				
	Name of Person					
	Instant Retail Sys	tems, LLC				
		Firm/	Company			_
	541 Alameda Cou	rt				
		A	ddress			_
	Marco Island, Fl.	34145				
		-	and Zip Code	<u>.</u>		_
	ginadelazzer@gma	il.com				
	E	-mail address: (to be used fo	r future annua	l report notifica	tion)	_
For further i	information concerning th	is matter, please call:				
G	ina DeLazzer		630	430-5410		
		a	t (_)		_
	Name of C	ontact Person	Area Code	Daytime	Telephone Number	
	AILING ADDRESS:			STREET AD		
Division of Corporations			Division of Corporations			
Registration Section			Registration Section			
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle			
ıa	nanassee, FL 32314			Tallahassee, F		
	closed is a check for the tease make check payable	ollowing amount: to: FLORIDA DEPARTM	ENT OF STA	TE		
	\$125.00 Filing Fee	S130.00 Filing Fee &		Filing Fee &	☐ \$160.00 Filin	g Fee, Certificate
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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: Instant Retail Systems, 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 "L.L.C.") Delaware 83-4718716 2. (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 541 Alameda Court 541 Alameda Court 5. (Mailing Address) (Street Address of Principal Office) Marco Island, FL 34145 Marco Island, Fl. 34145 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name: 5575 S. Semoran Blvd, Ste.36 Office Address:

Registered agent's acceptance:

Orlando

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.

C'heyenne Moseley
(Registered agent's signature)

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: Michael DeLazzer Manager Manager Name: _____ Name: _ 541 Alameda Court ■ Member Member Address: Address: Marco Island, FL 34145 Authorized Authorized Person Person Other Other Other Other Manager Name: Name: ____ Member Address: Member Address: Authorized Authorized Person Person Other____ Other___ Other____ Other____ Name: _____ ■ 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 the authorized person Michael Delazzer

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INSTANT RETAIL SYSTEMS, 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-SIXTH DAY OF NOVEMBER, A.D. 2019.

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

Authentication: 204087621

Date: 11-26-19