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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC. TO Account Number : I20080000045
Phone : (302)645-7400

Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: joedavid301@gmail.com

NAMES PHIZE

Foreign Limited Liability Company SD-1 LLC

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January 23, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations HARVARD BUSINESS SERVICES, INC.

SUBJECT: SD-1 LLC REF: W20000005289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please give the registered agent's name.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please $cal\bar{1}$ (850) 245-6050.

Regulatory Specialist II Letter Number: 420A00001628 Tracy L Lemieux

FAX Aud. #: H20000022792

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

IN COMPLIANCE WITH SECTION (05/000), FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

elaware	ame adopted for the purpose of transacting business in Florida. T				
*·•·	ich foreign limited liability company it organized)	3. (FEI number, if applicable)			
Jurisdiction under the law of wh			1	2020 JAN 23	
	N/A (Date first transacted business in Florida, if price to registral (See sections 605 0904 & 605 0405, F.S. to determine pena	ion) Ity liability)			
688 Meridian Avenue		1688 Meridian Avenue	LLAGASSE		
Address of Principal Office)		(Vlading Address)	1111	72.	
		Suite 600	. :		
uite 600					
Miami Beach, FL 3313	9 s of Florida registered agent: (P.O. Box <u>NO</u>	Miami Beach, Fl. 33139		``. ``.	
Suite 600 Miami Beach, FL 3313 Name and <u>street addres</u> Name:		Miami Beach, Fl. 33139		······································	
Miami Beach, FL 3313 Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box <u>NO</u>	Miami Beach, Fl. 33139		······································	
Miami Beach, FL 3313 Name and street address Name:	s of Florida registered agent: (P.O. Box. <u>NO</u> Joseph Davidov	Miami Beach, Fl. 33139		······································	

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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:	Title or Capacity:		Name and Address:
□Manager	Name: Joseph Davidov	□Manager	Name:	
≅ Member	Address:	⊡Member	Address:	
□Authorized	Suite 600	□Authorized		
Person	Miami Beach, FL 33139	Person		
□Other	□Other	Other		20 Other 10 JA 1
□Manager	Name:	□Manager	Name:	EE T
□Member	Address:	□Member	Address:	r p
□ Authorized		□ Authorized Person		· W
Person Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other		Other		□Other

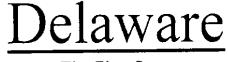
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 fellony as provided for in s.817.155, F.S.

	12/2/A	
	Signature of an authorized person	·· —- ·
Joseph Davidov		
	Tamed or required game of surges	

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SD-1 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-FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SD-1 LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2020.

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

7803467 8300 SR# 20200416673

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

Authentication: 202223918

Date: 01-21-20