

MA0000001125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

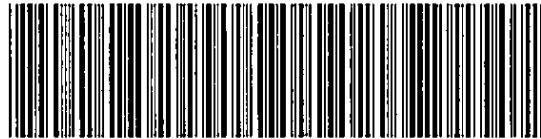
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500338942425

01/16/20--01011--007 +4125.00

2020 JAN 16 P 455
SOUTHERN DISTRICT OF TEXAS
KILLEEN JUSTICE CENTER
FILED

TEXAS
JAN 23 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLIM Capital, 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:

Shervin Rashti

Name of Person

SLIM Capital, LLC

Finn/Company

9301 Wilshire Blvd. Suite 610

Address

Beverly Hills, CA 90210

City/State and Zip Code

SLIM@Ecsfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shervin Rashti 310 499-2562
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**

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$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. SLIM Capital, LLC

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

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

2. California

81-1540976

3. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

(EIN number, if applicable)

4. 12/06/2019
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9301 Wilshire Blvd., Suite 610
5. _____
(Street Address of Principal Office)

9301 Wilshire Blvd., Suite 610
6. _____
(Mailing Address)

Beverly Hills, CA 90210

Beverly Hills, CA 90210

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

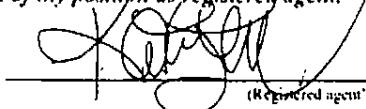
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee _____, Florida 33470
(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.


(Registered agent's signature)

Kathy Shin on behalf of InCorp Services, Inc.

2020 JAN 16 P 4435
FLORIDA
ALL PAPERS FILED
FILED

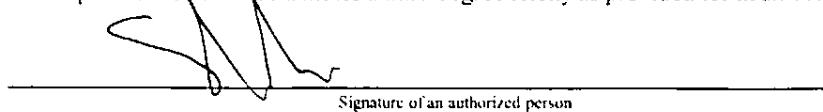
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Shervin Rashti	<input type="checkbox"/> Manager	Name: Sarah Rashti
<input type="checkbox"/> Member	Address: 9301 Wilshire Blvd., Suite 610	<input checked="" type="checkbox"/> Member	Address: 9301 Wilshire Blvd., Suite 610
<input type="checkbox"/> Authorized	Beverly Hills, CA 90210	<input type="checkbox"/> Authorized	Beverly Hills, CA 90210
Person		Person	
<input checked="" type="checkbox"/> Other CEO	<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 _____

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

Shervin Rashti

Typed or printed name of signee

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME: SLIM CAPITAL, LLC

FILE NUMBER: 201605110105
FORMATION DATE: 02/12/2016
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
December 26, 2019.



ALEX PADILLA
Secretary of State

FSS