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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

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

_ '-	Address.			
i-maı	NAULDCC.			

Foreign Limited Liability Company Yourcation Awaits 2 LLC

والمراز والمستقل	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



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

	me adopted for the purpose of transacting business in Florid				L.C. , (II	
exas		3. 84·	-4268397	SE TALI	202d	
furnaliction under the law of wh	ich foreign limited liability company is organized)		(FEI number	CONTROL TAKY	FEB -6	
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin				P	
7901 4th St N			01 4th St Mailing Address	A EST	PM 4: 48	
(Street Address of P	rincipal Office)			» DA	ä	
STE 300		ST	E 300			
St. Petersbu	urg FL 33702	St.	Petersburg	FL 33	370	2
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accepta	ble)			
Name:	Northwest Registered Age	ent LLC				
Office Address:	7901 4th St N STE 300					
St. Petersburg			. Florida 3370	2		

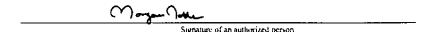
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Title or Capacity:	Name and Address:	Title or Capacit	v: Name and Address
Manager	Name: Allison Cohen	☐ Manager	Name:
X Member	Address: 7901 4th St N STE 300	Member	Address:
Authorized	St. Petersburg, FL 33702	Authorized	
Person		Person	2020 FE SECAR
Other	Other	Other	AHASS
Manager	Name: Jeffrey Soffer	☐ Manager	Name: PR D
X Member	Address: 7901 4th St N STE 300	Member	Address: DE &
Authorized	St. Petersburg, FL 33702	Authorized	<i>P</i>
Person		Person	
Other	Other	Other	Other
]Manager	Name:		Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person	at the same and th	Person	
Other	Other	Other	Other

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.



Ruth R. Hughs Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Yourcation Awaits 2 LLC (file number 803501916), a Domestic Limited Liability Company (LLC), was filed in this office on December 27, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on Bruary 3, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services Fax: (512) 463-5709 Document: 942999710008 TID: 10264