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COVER'LETTER

TO:

O:	Registration Section Division of Corporations						
UBJEC	GO BOLD, LLC						
		Name o	f Limited Lia	bility (Сопрапу		•
he encl	osed "Application by Foreign Le, and check are submitted to re	imited Liability Corgister the above refe	npany for Au crenced foreig	thoriza gn limi	tion to Transact ted liability comp	Business in Florida. bany to transact busin	' Certificate or ness in Florida
ease re	eturn all correspondence concern	ning this matter to th	e following:				
	Marc Snyderman, Esc	1.					
			Name of Pers	on			-
	Snyderman Law Grou	ір, РС					
			Firm/Compa	ıy		.	-
	403 Route 70 East, St	ute 203					
			Address		·		-
	Cherry Hill, NJ 0803-	•					
	 	City	State and Zip	Code			-
	marc@snydermanlawg	roup.com					
	E-mg	ail address: (to be us	sed for future	annua	report notification	on)	<u>-</u>
or furth	er information concerning this	matter, please call:					
	Marc Snyderman		856 at (701.7138		
	Name of Cont	act Person		Code	Daytime T	clephone Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327				STREET ADD Division of Cor	porations	
					Registration Sec Clifton Building	g	
	Tallahassee, FL 32314				2661 Executive Tallahassee, FL		
	Enclosed is a check for the follo Please make check payable to:		RTMENT O	F STA	TE		
	\$125.00 Filing Fee	\$130,00 Filing Fee Certificate of S			Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS NURMITTED TO REGISTER A FOREIGN. IDMITED LIABILITY. COMPANY TOTRAMACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	name adopted for the purpose of transacting humaness in Flo			
	high foreign limited liability company is organized)	3	(FE) number, it applicat	ne.
	The state of the s		The manager, a approximation	
10-21-19				
	Quale first transacted business in Florida, if prior to (See sections 605 0944 & 605 1606), F.S. to determ	registration) ine penalty liability)		
158 Viera Drive			ra Drive	
Street Address of Principal Office)		6. <u></u>	(Mailing Address)	
Palm Beach Gardens, FL		Paim Be	each Gardens, FL	
33418		22.424		
		33418		
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box Robert Petcove		e)	
			e)	
Name:	Robert Petcove 158 Viera Drive Palm Beach Gardens	NOT acceptabl	33418	The state of the s
Name:	Robert Petcove 158 Viera Drive Palm Beach Gardens	NOT acceptabl		

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 Canacity: Name and Address: Name: Marc Snyderman, Esq Name: Robert Petcove Manager Manager Manager 403 Route 70 East, Ste 203 158 Viera Drive ☐ Member Address: Member Cherry Hill, NJ 08034 Palm Beach Gardens, FL 33418 Authorized Authorized Person Person Other_____ Other____ Other____ Other___ Name: _____ Name: Manager Address: _____ Address: _____ ☐ Member Member Authorized Authorized Person Person Other___ Other ... Other____ Other___ Name: _____ Name: Manager Address: Member Address: _____ Member Authorized Authorized Person Person

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.

Other___

__Other_____

Other

Other_____

- 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.

Marc Snyderman, Esq.	Signature of an authorized person
	Typed or printed name of sugnee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GO BOLD, 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 EIGHTH DAY OF NOVEMBER, A.D. 2019.

Authentication: 203969596

Date: 11-08-19



January 10, 2020

MARC SNYDERMAN, ESQ. SNYDERMAN LAW GROUP, PC 403 ROUTE 70 EAST, SUITE 203 CHERRY HILL, NJ 08034

SUBJECT: GO BOLD, LLC Ref. Number: W20000002347

We have received your document for GO BOLD, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 820A00000736

RECEIVED