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TO:

Registration Section

Divi	sion of Corporations					
	Social Space LEC					
SUBJECT:	N					
		Name of Limited Liability Company				
		bility Company for Authorization to Transact Business in Florida," Ce above referenced foreign limited liability company to transact business				
Please return	all correspondence concerning this m	atter to the following:				
	matthew mazzotta					
		Name of Person				
		2020 F SECH TALLI				
	41 e main st canton	Firm/Company Firm/Company Address Address				
	Canton NY 13617	Address FLORIDA	D			
	triangle@mit.edu	City/State and Zip Code				
	E-mail address:	(to be used for future annual report notification)				
For further in	formation concerning this matter, plea	ase call:				
ma	tthew mazzotta	315 521 1399				
	Name of Contact Person	at ()				
	ling Address:	Street Address:				
_	sistration Section	Registration Section				
	rision of Corporations D. Box 6327	Division of Corporations The Contra of Tullaharyan				
	lahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amo se make check payable to: FLORIDA 125.00 Filing Fee \$130.00 Fili	A DEPARTMENT OF STATE				

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:

Social Space LLC (Name of Foreign	Limited Liability Company; must include	"Limited Liability Company," "L.L.C	," or "LLC.")
name unavailable, enter ahernate	name adopted for the purpose of transacting bus	iness in Florida. The alternate name must inc	rlude "Limited Liability Company," "L.L.C," or "LLC."
New York State - St la	awrence County		20 TA
(Jurisdiction under the law of w	which foreign limited liability company is organi	<u> </u>	(FEI number, if applicable)
2/12/2020			AS AS
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	if prior to registration.)	B 18 P
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41 E Main stCanton,		41 E Main stCa 6	anton, NY 13617 FOR TO THE STATE OF THE STAT
reet Address of Principal Office)		(Mailing Addre	m)
			P
		,	
			
Name and street addre	ss of Florida registered agent: (P.	O. Box NOT accentable)	
	<u> </u>	<u></u> ,	
	Alvoor Vierner		
Name:	Alyson Kiernan		
			
Office Address:	5909 Churchside Dr.		
Office Addless.			
	Lithia		33547
	(City)	, Florida	(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.

(Registred 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Matthew Mazzotta ■ Manager Name: □Manager Name: ______ 41 E Main st Address: □Member Address: □Member Canton, NY 13617 ☐ Authorized □ Authorized Person Person □Other____ Other Other_____ ☐ Other____ Name: ____ □Manager □Manager Name: Address: 👱 □Member Address: ☐ Member ☐ Authorized ☐ Authorized Person Person □Other ☐Other___ □Other____ □Manager Name: _____ Name: □Manager □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □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 an authorized person Matthew Mazzotta

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that SOCIAL SPACE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/13/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of SOCIAL SPACE LLC was filed on 01/18/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.

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Witness my hand and the official seal of the Department of State at the Cifes of Albany, this 12th day of February two thousand and twenty.

Brada C Hyles

Brendan C. Hughes
Executive Deputy Secretary of State

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