

Division of Corporations

MA000000084003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (350) 617-0252

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120087000045
Phone : (302) 645-7400
Fax Number : (302) 645-1250

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

Email Address: stacie@rxmg.com

**Foreign Limited Liability Company
Unlimited Net Resources, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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FILED
2020 MAR 16 A.M. 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 16 AM 10:10
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Unlimited Net Resources, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

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

2. Delaware 3. 37-1706731
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 200 Spectrum Center Dr Suite 1460
(Date first transacted business in Florida, if prior to registration) (See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 200 Spectrum Center Dr Suite 1460 6. 200 Spectrum Center Dr Suite 1460
(Street Address of Principal Office) (Mailing Address)
Irvine, CA 92618 Irvine, CA 92618

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

Name: Registered Agents Inc.
 Office Address: 7901 4th Street N, Ste 300
St. Petersburg, Florida
(City)

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 TALLAHASSEE, FLORIDA

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.

Bill Havre
(Registered agent's signature) Bill Havre, Assistant Secretary

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>SYNAN HOLDINGS, LLC</u>	☐ Manager	Name: <u>HORIZON DIGITAL, INC.</u>
☒ Member	Address: <u>1200 S. BRAND BLVD., #154</u>	☐ Member	Address: <u>PO BOX 5601</u>
☐ Authorized	<u>GLENDALE, CA 91204</u>	☐ Authorized	<u>SANTA MONICA, CA 90402</u>
Person	_____	Person	_____
☐ Other	☐ Other	☒ Other	☐ Other
		☐ Operating Partner	☐ Other
☐ Manager	Name: <u>SKATE MARKETING GROUP, LLC</u>	☐ Manager	Name: <u>MOVING MOUNTAINS MARKETING GROUP</u>
☐ Member	Address: <u>9386 W. VIA DEL SOL</u>	☐ Member	Address: <u>3781 ANULHEA STREET</u>
☐ Authorized	<u>PEORIA, AZ 85383</u>	☐ Authorized	<u>HONOLULU, HI 96816</u>
Person	_____	Person	_____
☒ Other	☐ Other	☒ Other	☐ Other
		☐ Operating Partner	☐ Other
☐ Manager	Name: <u>KAIKO, LLC</u>	☐ Manager	Name: <u>Errespectatu Bidaia Inc</u>
☒ Member	Address: <u>3008 3RD STREET</u>	☐ Member	Address: <u>86 Ventada St</u>
☐ Authorized	<u>SANTA MONICA, CA 90405</u>	☐ Authorized	<u>Rancho Mission Viejo, CA 92694</u>
Person	_____	Person	_____
☐ Other	☐ Other	☒ Other	☐ Other
		☐ Operating Partner	☐ 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.

Shaun Baker

Signature of an authorized person

Shaun Baker, Member of SKATE MARKETING GROUP, LLC

Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNLIMITED NET RESOURCES, 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 THIRTEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNLIMITED NET RESOURCES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2011.

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



5067656 8300

SR# 20202139740

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202585408

Date: 03-13-20

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