## M2000003917

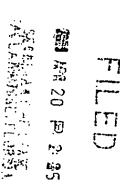
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

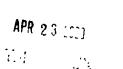
Office Use Only



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## 4 COVER LETTER

SUBJECT: _	AREUIN ENTERTAINMENT LLC				
Name of Limited Liability Company					
The enclosed Existence, and	"Application by Foreign Limited Liability of the check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate or referenced foreign limited liability company to transact business in Floridation.			
Please return a	all correspondence concerning this matter to	o the following:			
	LUIS BECKER				
		Name of Person			
	AREUIN ENTERTAINMENT LLC				
		Firm/Company			
	16385 BISCAYNE BLVD, UNIT 102	1			
		Address			
	NORTH MIAMI BEACH, FL 33160				
	C	ity/State and Zip Code			
	LABECKERJUGO@GMAIL.COM				
	E-mail address: (to be	used for future annual report notification)			
For further int	formation concerning this matter, please ca	II:			
LUIS	S BECKER	786 543-5732			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ling Address:	Street Address:  Payintention Section			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & Certificate of Status Certified Copy

**\$125.00** Filing Fee

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AREUIN ENTERTAINMENT 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.") **DELAWARE** APPLIED FOR (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) **UPON REGISTRATION** (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.) 16385 BISCAYNE BLVD 16385 BIŞCAYNE BLVD (Street Address of Principal Office) (Mailing Address) **UNIT 1021 UNIT 1021** NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FE 33160 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LUIS BECKER Name: 16385 BISCAYNE BLVD, UNIT 1021 Office Address: NORTH MIAMI BEACH 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)

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:
<b>■</b> Manager	Name: LUIS BECKER	□Manager	Name:	
□Member	Address: 16385 BISCAYNE BLVD	□Member	Address:	
□Authorized	UNIT 1021	□Authorized		
Person	NORTH MIAMI BEACH, FL 33160	Person		<u> </u>
□Other	□Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	<del></del>	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	<del></del>
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other

<u>Important Notice:</u> 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 attihorized person	
LUIS BECKER		
	Typed or printed name of aignee	

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

DELAWARE, DO HEREBY CERTIFY "AREUIN ENTERTAINMENT 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 SEVENTH DAY OF FEBRUARY, A.D. 2020.

Authentication: 202347059

Date: 02-07-20



## State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8351535 AREUIN ENTERTAINMENT LLC 2351 DOUGLAS RD APT 811 MIAMI, FL 33145 02-07-2020

ATTN: LUIS BECKER

DESCRIPTION		AMOUNT
7713262 - AREUIN ENTERTAINMENT LLC		
Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00
	BALANCE	\$0.00