

5/22/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H200001528553

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

**Foreign Limited Liability Company
SECUREWISE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

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2020 MAY 22 PM 6:35

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MAY 26 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECUREWISE LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following.

Francine Alfandary, Esq.

Name of Person

Pearl Cohen Zedek Latzer Baratz LLP

Firm/Company

1500 Broadway, 12th floor

Address

New York, NY 10036

City/State and Zip Code

falfandary@pearlcohen.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

Francine Alfandary

646

878-0838

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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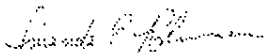
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SECUREWISE LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	
3. 83-284700 (FBI number, if applicable)	
4. _____ (Date first transacted business in Florida, if prior to registration; (See sections 605.0904 & 605.0905, F.S. to determine priority liability)	
5. 5300 Broken Sound Blvd NW #150 (Street Address of Principal Office)	6. 5300 Broken Sound Blvd NW #150 (Mailing Address)
Boca Raton, FL 33487	Boca Raton, FL 33487
7. Name and <u>street address</u> of Florida registered agent. (P.O. Box <u>NOT</u> acceptable)	
Name: CORPORATION SERVICE COMPANY	
Office Address: 1201 Hays Street	
Tallahassee, Florida 32301	
(City) (Zip code)	

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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.



Amanda Robinson, Asst. Vice President

(Registered agent's signature)

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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]:

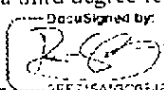
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name	Ricardo Stefanato Buranello		<input type="checkbox"/> Manager	Name:	Stuart Perry	
<input type="checkbox"/> Member	Address	5300 Broken Sound Blvd NW #		<input type="checkbox"/> Member	Address:	5300 Broken Sound Blvd NW #	
<input checked="" type="checkbox"/> Authorized		Boca Raton, FL 33487		<input type="checkbox"/> Authorized		Boca Raton, FL 33487	
	Person				Person		
<input type="checkbox"/> Other	President		<input type="checkbox"/> Other		Vice President		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				

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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.

DocuSigned by


9EE715A53C61485
 Signature of an authorized person

Ricardo Buranello

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECUREWISE 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 FIRST DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECUREWISE LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2018.

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

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A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7181925 8300

SR# 20202536019

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202698292

Date: 04-01-20