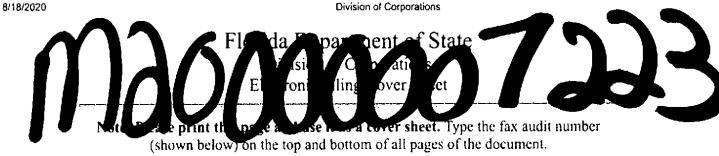
Division of Corporations



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To:

Division of Corporations

Fax Number

: <u>(850)617-6383</u>

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 : (727)279-5037 Phone : (727)888-1294 Fax Number

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

Email Address: ak@cloud9life.com

Foreign Limited Liability Company Cloud 9 Life, LLC

Certificate of Status	0
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TO:	Registration Section Division of Corporations				د ماره	i.t	4.	16	
SUBJE	Cloud 9 Life, LLC								
		N	ame of Limited Liability Compa	anv					

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:

Kalpesh J. Patel	
	Name of Person
FL Patel Law PLLC	
	Firm/Company
360 Central Avenue, Suite 800	
	Address
Saint Petersburg, Florida 33701	
(City/State and Zip Code
Kalpesh@flpatellaw.com	
E-mail address: (to b	be used for future annual report notification)
2 /////	•
er information concerning this matter, please c	
	all: 727 279-5037
er information concerning this matter, please c	all:
er information concerning this matter, please e Kalpesh J. Patel Name of Contact Person Mailing Address:	all: at (
er information concerning this matter, please c Kalpesh J. Patel Name of Contact Person Mailing Address: Registration Section	all: at () Area Code
Name of Contact Person Mailing Address: Registration Section Division of Corporations	alt: at (727 279-5037 at (
Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	all: at (
Name of Contact Person Mailing Address: Registration Section Division of Corporations	all: at (279-5037 at () Daytime Telephone Number Street Address: Registration Section Division of Corporations

pg 3 of 5

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		he alternate name must include "Limited Leibility Company," "L.1C	-, ., .,
State of Delaware		824628971	
(Junisduction under the law of wh	ach foreign limited liability company is organized)	3. (FE) number, if applicable)	•
March 3, 2020			
	(Date first transacted business in Florida, if prior to registra (See sections 605,0904 & 605,0905, F.S. to determine pena	tion.) ity liability)	
405 Fifth Avenue Sout			
reel Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	5. (Mailing Address)	
Suite 7			
Naples, Florida 34102	·····	623	٠ (.
Name and street addres	s of Florida registered agent: (P.O. Box <u>NO</u>	Tacceptable)	•
Name:	FL Patel Law PLLC		
Office Address:	360 Central Avenue, Suite 800		, }
	Saint Petersburg	33701 Florida	
	(Clty)	(Zip code)	

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:	Nan	ne and Address:
≅ Manager	Name: Ali A. Khalil	□Manager	Name:	
□Member	Address: 20854 Richmond Drive	□Member	Address:	
□Authorized	Northville, MI 48167	□Authorized		
Person		Person		
Other	Other	Other	©C	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		<u> </u>
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.

Ali A. Khalil	
 Signature of an authorized person	
Ali A. Khalil	
 Typed or printed atms of signer	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLOUD 9 LIFE, 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 ELEVENTH DAY OF AUGUST, A.D. 2020.

6767616 8300 SR# 20206594106 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203445795

Date: 08-11-20