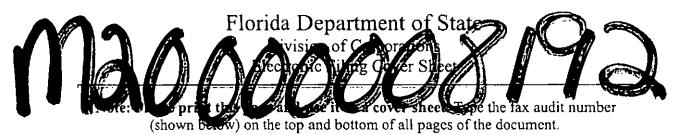
9/17/2020

Division of Corporations



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I2004000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

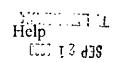
Email Address: Wening physlaw.com

## Foreign Limited Liability Company Best Payless LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



(((H20000324820 3)))

From: Wendy Verity

## 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:

Office Address.		Limited Liability Company; must include "Limited L					
8004 NW 154 Street, Suite349  ett Address of Principal Office)  Miami Lakes, Florida 33016  Miami Lakes, Florida 33016  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  PBYA Corporate Services, LLC  Name:  200 S. Andrews Avenue, Suite 600	Delaware		Applied for				
Miami Lakes, Florida 33016  Miami Lakes, Florida 33016  Miami Lakes, Florida 33016  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  PBYA Corporate Services, LLC  Name:  200 S. Andrews Avenue, Suite 600	·	(Date first transacted business in Florads, if prior to reg (See actions 603.0904 & 603.0905, P.S. in determine	skration.)	•••			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  PBYA Corporate Services, LLC  Name:  200 S. Andrews Avenue, Suite 600				9			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  PBYA Corporate Services, LLC  Name:  200 S. Andrews Avenue, Suite 600	Miami Lakes, Flori	da 33016	Miami Lakes, Florida 33016		<del></del> ئەن		
Name:  200 S. Andrews Avenue, Suite 600  Office Address:	Name and street addre	ss of Florida registered agent: (P.O. Box N	IOT_acceptable)		- TO 100		
Office Address: 2.56, 94	Name:	PBYA Corporate Services, LLC			<b>~</b>		
Fort Lauderdale 33301	Office Address:	200 S. Andrews Avenue, Suite 600			A)		
, Florida (Ciry) (Zip code)		Fort Lauderdale	<del></del>		æ)		

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)

(((H20000324820 3)))

8. For ini	itial indexing purposes, list nam	es, title or capacity and addresses	of the primary r	members/managers or or	ersons authorized to
manage (u	up to six (6) total]:				

Title or Capacity;	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	<del></del>	
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other	<del></del>	Other
□Manager	Name:	□Manager	Name:	
□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. 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 authorized person

Cornelia Dean

From: Wendy Verity

Fax: (850) 617-6383



Page 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEST PAYLESS 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEST PAYLESS LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

3674157 8300 SR# 20207311150

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

Authentication: 203670413

Date: 09-16-20