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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100 Phone : (305)944-9755 : (888)401-1914 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:_

Foreign Limited Liability Company NUNABUT LLC

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COVERLETTER

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		City/State and	Zip Code		
CCOUNTING®	@SILVASBOX	COM			
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ation concerning	, this matter, ple	ase call:			
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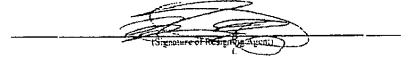
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. HMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

L NUNABUT LLC							
(Name of Foreign	Einited Einhility Company; must include "Limited	Liabilit	y Company "T. L.C.," or T.	FC")			
N/A							
It name unavailable, enter afternate n	name adopted for the purpose of transacting business in Flo	пиц. Пе	alternate name must molude "La	nited Fiability C	ompany, "I	, I. C * 64 *1) C	
DELAWARE		.,	84-4191030				
2. (Juni-diction under the law of which foreign finited hishlity company is organized)		.د	3. (i El number, il applicable)				
10/13/2020							
4	(Plate first transacted business on Florida, if pure to a (See sections 695 0904 & 035 0905, F.S. to determin	egistia'ii egistia'iii	n) -habilay)				
200 CONTINENTAL DRIVE		6	5220 S UNIVERSITY	DRIVE	N-3		
5. (Street Address of Principal Office)		0.	(Muling Address)		— انائا، (برز) السا		
SUITE 401			SUTTE 102	35 75	3		
NEWARK, DE 19713			DAVIE, FL 33328		ζ,	[1]	
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	7	- 10 Op		
Name:	SILVAS FINANCIAL SERVICES LL	.c					
Office Address:	5220 S UNIVERSITY DR SUITE 102						
	DAVIE		3332) , Florida	;			
	(Cny)		// // // // // // // // // // // // //	code			

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.



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:
■Manager	Name: PIXAN PROPETIES MANGEMENT LL	С □Маладег	Name: N/A	
□Member	Address: 1121 CRANDON BLVD	☐ Member	Address:	
□Authorized	SUITIE D-505	□Authorized		
Person	KEY BISCAYNE, FL 33149	Person		
□Other	Other	□Other		Other
□Manager	Name: N/A	□Manager	Name: N/A	
□Mcmber	Address:	□Mcmber	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name: N/A	□Manager	Name: N/A	
□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. 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.

	Aufospunssel
	Signature of his attributived percent
ANA LAGOMARSINO	
	Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT "NUNABUT LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SECOND DAY OF JANUARY, A.D. 2020, AT 12:48 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUNABUT LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2020.

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

a; corp.delaware.gov/auth

Authentication: 203817909

Date: 10-07-20

7780455 8315 SR# 20207705625

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