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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

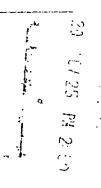
Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 POCKET FIVES, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$130.00 |



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

| | | INTEGRIDA | | | |
|--|---|---|------------------------------------|--|------|
| | TION 605.0902, FLORIDA STATUTES. ISINESS INTHE STATE OF FLORIDA: | THE FOLLOW!N | G IS SUBMITTED TO REGIS | TTER A FOREIGN LIMITED HABI | !//) |
| . POCKET FIVES, LLC | | | | | |
| 1 | Limited Liability Company, must include | "Limited Liability (| Company," "L.L.C.," or "LLC. | ") | |
| (If nume unavailable, enter alternate t | name adopted for the purpose of transacting bus | mess in Florida. The at | ternate name must include "Limited | Liability Company," "LLL C," or "(L.C.") | |
| Delaware | | | | | |
| 2. (Arrisdiction under the law of w | hich foreign limited liability company is organiz | <u>zol)</u> 3. <u>.</u> | (FEI nu | unber, if applicable) | |
| 4. | (Date first transacted business in Florids, i (See sections 605,0904 & 605,0905, F.S.) | il prior to registration) to determine penalty li | ability) | | |
| 525 Okeechobee Blvd | | | Of Okasahahas Blod Co | nite 1770 | |
| 5. (Street Address of Principal Office) | | 6 | (Mailing Address) | | |
| (Street Address of Principal Office) | | | (wining voness) | | |
| West Palm Beach, FL | 33401 | 1 | West Palm Beach, FL 33- | 101 | |
| 7. Name and street address | ss of Florida registered agent: (P.C | | eceptable) | | |
| Name: | Corporate Creations Network In | nc. | | | |
| Office Address: | 801 US Highway 1 | | | | |
| | North Palm Beach | | 33408 , Florida (Zip code | - | |
| | (City) | | (Zip code |) | |
| designated in this applicate to comply with the provis | stance: egistered agent and to accept serv ution, I hereby accept the appoint ions of all statutes relative to the s of my position as registered age | ment as register proper and con | red agent and agree to a | ct in this capacity. I further ag | ree |
| | Col Mann | | nke, Special Secretar | у | |
| | (Registere | ed 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: | Tide or Capacity: | į | Name and Address: |
|--------------------|---------------------------------|-------------------|---------------|-------------------|
| □Manager | Name: | □Manager | Name: | |
| ⊞ Member | Address: | □Member | Address: | |
| □Authorized | 525 Okeechobee Blvd, Suite 1770 | □Authorized | | |
| Person | West Palm Beach, FL 33401 | Person | | |
| □Other | Other | □Other | | □Other |
| □Manager | Name: | □Мапаger | 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 | | |
| □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.

| ColMann | | |
|--------------------------|-----------------------------------|--|
| | Signature of an authorized person | |
| Courtney Nanke, Attorney | in Fact | |
| | 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 "POCKET FIVES, 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POCKET FIVES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2020.

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

a at com delaware gov/auti

Authentication: 204166971

Date: 11-25-20