

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 6296551 8107435
AUTHORIZATION : *Squid E. Man*
COST LIMIT : \$ 125.00

ORDER DATE : January 20, 2021
ORDER TIME : 11:01 AM
ORDER NO. : 629655-020
CUSTOMER NO: 8107435

FILED
2021 JAN 25 PM 4:54
CORPORATION SERVICE COMPANY
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: ELECTRIC FEEL LATIN, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Electric Feel Latin 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:

Jenny Park

Name of Person

Electric Feel Latin LLC

Firm/Company

1800 Sunset Harbour Dr TS2/3

Address

Miami Beach, FL 33139

City/State and Zip Code

jenny@efent.com

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

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STATE
SECRET

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For further information concerning this matter, please call:

Jenny Park

206

604-4239

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

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:

1. Electric Feel Latin LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name 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. 84-5064550
(FEI number, if applicable)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1800 Sunset Harbour Drive, Unit TS2/3
(Street Address of Principal Office)

6. 1800 Sunset Harbour Drive, Unit TS2/3
(Mailing Address)

Miami Beach, FL 33139

Miami Beach, FL 33139

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip 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.

By: [Signature]
Corporation Service Company
(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]:

Title or Capacity: **Manager** **Name and Address:** Name: Carl Austin Rosen
 Member Address: 1800 Sunset Harbour Drive
 Authorized Unit TS2/3
Person Miami Beach, FL 33139
 Other _____ **Other** _____

Title or Capacity: **Manager** **Name and Address:** Name: Algani LLC
 Member Address: 1800 Sunset Harbour Drive
 Authorized Unit TS2/3
Person Miami Beach, FL 33139
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ **Other** _____

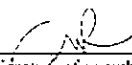
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 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

Carl Austin Rosen - Manager

 Typed or printed name of signer

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 SOLE F.F.

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELECTRIC FEEL LATIN, 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-SECOND DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELECTRIC FEEL LATIN, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2019.

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

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2021 JAN 22 PM 4:54
STATE OF DELAWARE
SECRETARY




Jeffrey W. Bullock, Secretary of State

7574470 8300

SR# 20210200379

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

Authentication: 202350095

Date: 01-22-21