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DATE:

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NAME: FUME, LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

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AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJEC	Fume, LLC	
Name of Limited Liability Company		
The encl Existenc	osed "Application by Foreign Limited Liability C e, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida
Please re	cturn all correspondence concerning this matter to	o the following:
	Joseph Tempelberg	
		Name of Person
	Fume, LLC	
		Firm/Company
	323 Sunny Isles Blvd suite 501	
		Address
	Sunny Isles Beach, FL 33160	
	C	ity/State and Zip Code
	cpa@jlcpartners.com	
	E-mail address: (to be	used for future annual report notification)
For furtl	her information concerning this matter, please cal	I:
Joseph Tempelberg		518 81300007
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEF  \$125.00 Filing Fee \$130.00 Filing Fe  Certificate of	c & [] \$155.00 Filing Fee & [] \$160.00 Filing Fee, Certificate

#### 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: Fume, 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 "L.L.C.") 85-1148309 South Carolina, USA (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 03/10/2021 (Date first transacted business in Florids, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 323 Sunny Isles Blvd suite 501 2044 SW 30th Ave 5. (Street Address of Principal Office) (Mailing Address) Sunny Isles Beach, FL 33160 Pembroke Park, FL 33009 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Joseph Tempelberg Name: 323 Sunny Isles Blvd suite 501 Office Address: 33160 Sunny Isles Beach Florida (Zip code) (City) 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Israel Isaac Gigi Joseph Isaacoff □ Manager Manager
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 323 Sunny Isles Blvd suite 501 323 Sunny Isles Blvd suite 501 Address: Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160 □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ Other\_ □Other\_ Yakov Zroya Name: \_\_\_\_\_ ■ Manager □Manager Name: 323 Sunny Isles Blvd suite 501 ☐ Member Address: ⊠ Member Sunny Isles Beach, FL 33160 □ Authorized □ Authorized Person Person Other\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ Other\_ Name: \_\_\_\_\_ □ Manager □Manager Address: \_\_\_\_\_\_ Address: \_\_\_\_\_ ☐ Member □Member □ 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.

# The State of South Carolina



## Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Fume LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 22nd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 26th day of March, 2021.

Mark Hammond, Secretary of State