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COVER LETTER

| , | MARKS WEALTH, LLC | | |
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| UBJECT: 🚆 | | | - |
| | Nan | ne of Limited Liability Company | |
| | | Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business. | |
| lease return a | Il correspondence concerning this matter | to the following: | |
| | WENDY FRANKLIN-BAYLEY | | |
| | | Name of Person | - |
| | MARKS WEALTH, LLC | | |
| | | Firm/Company | - |
| | 1 PARK PLACE, SUITE 500 | | |
| | | Address | |
| | ANNAPOLIS, MD 21401 | | 23 |
| | | City/State and Zip Code | |
| | CHARLES@MARKSWM.COM | | |
| | E-mail address: (to b | e used for future annual report notification) | . 43 |
| For further info | ormation concerning this matter, please ca | ill: | |
| CHA | RLES MARKS | 410 934-1199 at () | |
| | Name of Contact Person | Area Code Daytime Telephone Number | · |
| <u>Mailir</u> | ng Address: | Street Address: | |
| | stration Section | Registration Section | |
| | sion of Corporations | Division of Corporations | |
| | Box 6327 | The Centre of Tallahassee | |
| Talla | hassee. FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| Please | sed is a check for the following amount: make check payable to: FLORIDA DEI 25.00 Filing Fee \$130.00 Filing Fe Certificate | ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee. | |

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

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| ving been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. | omply with the provisions of all statutes relative to the proper and complete performance of any local statutes relative to the proper and complete performance of any local statutes relative to the proper and complete performance of any local statutes. | THE FOR THE PROPERTY OF THE MURICUS FROM TO THE DEPOSIT ON A COMPLETE PARTY OF THE | Name Office Address. distored agent's accepting been named as reignated in this applicationally with the provisi | CHARLES MARKS 2201 COLLINS AVE, UNIT 1104 MIAMI BEACH tance: gistered agent and to accept service of protion, I hereby accept the appointment as roots of all statutes relative to the proper of | . Florida Zap code: Cap code: cess for the above stated limited liability comparistered many and according to the consistered many according to the consistered m | |
| omply with the provisions of all statutes relative to the proper and complete performance of any test in this capacity. I further | omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent. | accept the obligations of my position as registered agent. | Name Office Address. distored agent's accepting been named as reignated in this applicationally with the provisi | CHARLES MARKS 2201 COLLINS AVE, UNIT 1104 MIAMI BEACH tance: gistered agent and to accept service of pro tion. I hereby accept the appointment as r ons of all statutes relative to the proper ar s of my position as registered agent. | 33139 Florida Cop code: Copy code: | |

| | Name and Address: | <u>Title or Capaci</u> | <u>tv:</u> | Name and | Address |
|--|---|--|---|---|----------------------|
| 🛱 Manager | Name: CHARLES MARKS | _ □Manager | - Name: | | 1 |
| Member | Address: 2201 COLLINS AVE | □ □ Member | | | 1 |
| Z. Authorized | UNIT 1104 | _ | | | |
| Person | MIAMUBEACH, FL 20130 | Person | | | |
| 7Other | Other | _ | | C Other | |
| Manager | Name. | □Manager | Name: _ | | |
| Member | Address: | □Member | | | |
| Authorized | | | | | |
| Person | | | | | - - |
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| Attached is a certification under the translator must. This document is | e an attachment to report more than six (6) hay be added to the index when filing your scate of existence, no more than 90 days of law of which it is organized. (If the certific be submitted) executed in accordance with section 605.0 and to the Department of State constitutes a | d. duly authenticated by the cate is in a foreign language | te Annual Repo e official having e, a translation | rt form. g custody of rec of the certificat | cords in the under o |

sped or printed name of signer

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MARKS WEALTH, 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 FEBRUARY, A.D. 2021.

Authentication: 202596516

Date: 02-25-21