Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000293483 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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 **GAMERABBLE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO:		tration Section on of Corporations				
SUBJE		AMERABBLE LLC				
30836	··· _	.	Name of Li	mited Liability (Company	
The enc Existent	losed ". ce, and	Application by Foreign check are submitted to	n Limited Liability Compa register the above referen	ny for Authoriza ced foreign limit	tion to Transact Business in Florida," (led liability company to transact busine	Certificate of ess in Florida.
Please r	cturn al	I correspondence conc	cerning this matter to the fe	ollowing:		
		Cheyenne Moseley	,			
			Nar	ne of Person		
	Legalzoom.com, Inc.					
	Firm/Company					
		101 N Brand Blvd	i i th Fi			
	Address					
		Glendale, CA 91203				
			City/Ste	ite and Zip Code		
		cmmatthews@gmail				
		Е	-mail address: (to be used	for future annual	report notification)	
For furt	her info	ormation concerning th	is matter, please call:			
	Chey	enne Moseley		800 at (773-0888	
		Name of C	ontact Person	Area Code	Daytime Telephone Number	
	Divis Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 hassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Picas		following amount: 10: FLORIDA DEPART! \$130.00 Filing Fee & Certificate of State	\$155.00	TE Diffiling Fee & S160.00 Filing Filing For Status & Cert	-

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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:

frame unavoilable, enter atternate n	ame adopted for the purpose of transacting business in Flor	ids. The elternate	name must include "Limited Linb	ility Company," "L.L.C," or "LLC.	
Delaware			1179755		
(Iurisdiction under the law of w	nich foreign limited (fability company is organized)	3. (FIII number, if applicable)			
07/10/2021					
	(Date first transacted business in Florida, if prior to a (Sec sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty tubility	7)		
(Sirect Address of	Principal Office)	6	(Mailing Addr	(1 5)	
7596 Tuscan Bay Cir		7596 Tuscan Bay Cir Wesley Chapel, Florida 33545			
Wesley Chapel, Florid	n 33545				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	stable)	2	
Name:	Christopher Matthe	ws	_		
Office Address:	7596 Tuscan Bay Cir		_	Δ [
511105 7 120 7	Wesley Chapel		33545 , Florida		

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.

Christopher Matthews

■ Authorized

Person

Other___

__Other_____

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: Name: Christopher Matthews Name: Cecile Matthews Manager Manager 7596 Tuscan Bay Cir Address: 7596 Tuscan Bay Cir Address: ☐ Member ☐ Member Wesley Chapel, Florida 33545 Wesley Chapel, Florida 33545 Authorized Authorized Person Person Other_____ Other____ __Other_____ Other____ Manager Manager Name: Manager Name: ___ Address: Member Address: Member | ☐ Authorized Authorized Person Person Other____ Other____ Other___ Other__ ■ Manager Name: Name: ______ Manager Address: Member Address: ☐Member

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 filling your Florida Department of State Annual Report form.

Authorized

Person

Other____

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.

Christopher Matthews

Signature of an authorized person

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "GAMERABBLE 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-SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAMERABBLE LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203760076

Date: 07-26-21

To: 18506176383