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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				

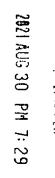
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SB 11121

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SHRI	ONEBOOK USA, LLC					
эсы	Name of Limited Liability Company					
		oility Company for Authorization to Transact Business in Florida, bove referenced foreign limited liability company to transact busi				
Please	return all correspondence concerning this ma	atter to the following:				
	THE LICENSE COMPANY LLC	3				
		Name of Person	-			
	THE LICENSE COMPANY LLC					
		Firm/Company				
	55 E GRANADA BLVD UNIT I	1415	182			
		Address	言言			
	ORMOND BEACH FL 32175	•	2821 AUG 30 PH			
		City/State and Zip Code	PH			
	INFO@THELICENSECOMPANY	r.com				
	E-mail address:	(to be used for future annual report notification)	29			
For fu	ther information concerning this matter, plea	se call:				
	THE LICENSE COMPANY LLC	844 484-2466 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number	•			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314 Enclosed is a check for the following amounts:					
	Please make check payable to: FLORIDA ■ \$125.00 Filing Fee □ \$130.00 Filin Certific					

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ONEBOOK USA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lamited Liability Company," "L.L.C," or "L.L.C.") DE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 2001 TIMBERLOCH PLACE SUITE 500 2001 TIMBERLOCH PLACE SUITE 500 (Mailing Address) (Street Address of Principal Office) THE WOODLANDS, TX 77380 THE WOODLANDS, TX 77380 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg (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	<u>:</u>	Name and	<u>d Addre</u>	<u>:88:</u>
□Manager	Name: Isaac Politi Salame	□Manager	Name: GUSTAVO VARELA			
□Member	Address: 2001 TIMBERLOCH PLACE	□Member	Address: 2001 TIMBERLOCH PLACE			
□Authorized	SUITE 500	□Authorized	SUITE 500			
Person	THE WOODLANDS. TX 77380	Person	THE WOODI ANDS TY 77380)	
■Other		■Other DIRECTOR	OR OF OPERATIONS Other			
□Manager	Name: BEATA PRAZMOWSKA	□Manager	Name:			
□Member	Address: 2001 TIMBERLOCH PLACE	□Member				
□Authorized	SUITE 500	□Authorized				
Person	THE WOODLANDS, TX 77380	Person				
■Other CFO		□Other				
□Manager	Name:	□Manager	Name:		2021 AUG	*** ***
□Member	Address:	□Member	Address:		_ Ω -3⊔	'. li
□Authorized		□Authorized		G G	0 PH	· . nz
Person		Person		-	• -	- 1861°
□Other	□ Other	□Other		□Other_	29	

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 dogree felony as provided for in s.817.155, F.S.

Signature/of an authorized person

Isaac Politi Salame

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ONEBOOK USA, LLC" IS DULY FORMED UNDER

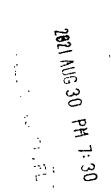
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONEBOOK USA, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2020.

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





Authentication: 203868015

Date: 08-07-21

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SR# 20212864719