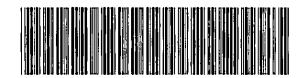
M2100015073

	'
(Requestor's Name)
	(Address)
'	
	Address)
	City/State/Zip/Phone #)
• (
☐ PICK-UP	WAIT MAIL
j	
	(Business Entity Name)
,	Dadiness Entry Hamey
	Document Number)
Certified Copies	Certificates of Status
Certified Copies	Scranouces of States
j	
Special Instructions	to Filing Officer
,	, ,
1	(000)
ļ ļ	10,00
	0,000
W21000	12000
(1000)	(1) 4 140 CM, 1
"	Office Use Only



100375048171

10/18/21--01028--016 **125.00

11/10/21--01017--005 **638.75

2821 NOY -8 FH 7:51

S. FRANKLIN NOV 12 2021

COVER LETTER

Division of Co	orporations			
	X-Ray, LLC			
SUBJECT:	Name of	Limited Liability Company	-	
The enclosed "Applicat Existence, and check at	ion by Foreign Limited Liability Come e submitted to register the above refer	pany for Authorization to Transact Business in Florida, reneed foreign limited liability company to transact busi	." Certifi iness in I	cate of Torida.
Please return all corres	bondence concerning this matter to the	e following:		
Jane)	le Coluccio			
-	, >	lame of Person	-	
 Bricl	cell Web Holdings, LLC			
-,	F	irn/Company	•	
10 8 1	Prado Way #304			
- 		Address	789	
Jupit	er FL 33458		8- ACH 1882	į
- j	City/5	State and Zip Code	် – ငာ	. ***
janelle	@brickellwebholdings.com		Pia	7
	E-mail address: (to be use	d for future annual report notification)		<u>1</u> خد،
For further information	concerning this matter, please call:	•	<u> </u>	
Janelle Coluc	cio	267 885-7920 at ()		
- -	Name of Contact Person	Area Code Daytime Telephone Number	-	
Mailing Addr		Street Address:		
Registration		· ·		
f	Corporations	Registration Section		
P.O. Box 63				
Tallahas se e,	, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a c Please make c	theck for the following amount: theck payable to: FLORIDA DEPAR	TMENT OF STATE		
□ \$125.0 <mark>0</mark> Fil		□ \$155.00 Filing Fee & □ \$160.00 Filing Fee.		
1				

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:

World of X-Ray, LLC		
(Name of Foreign Limited Liability Company, must include "Limite	d Liability Company," "L.L.C.," or "LLC")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited Liability Company,"	"L l, C," or "I.l.C "
Delaware Ourisdiction under the law of which foreign limited liability company is organized)	3. 84-382362	
Nacula 2020	(11.1 munice), if appareaux)	
(Date first musacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration) ine penalty liability)	
8 The Green (Street Address of Principal Office)	6. 8 The Green	
STER	STE R	252
Dover DE 19901	Dover DE 19901	- Aev
. Name and <u>street address</u> of Florida registered agent: (P.O. Box	NOT acceptable)	8 P:1
Name: Registered Agent	s Inc.	7: 51
Office Address: 7901 4th St N ST	E 300	
St. Petersburg	. Florida 33702	
(City) (egistered agent's acceptance:	(Zip code)	

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.

(Registered agent's signature)

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: Name and Address: Title or Capacity: Name and Address: Janelle Coluccio □ Manager □Manager Name: 108 Prado Way □ Member Address: □ Member Address: ■ Authorized □ Authorized Jupiter, FL 33458 Person Person □Other □Other____ Other___ □Other____ □Manager □Manager Name: □Member Address: □ Member Address: Authorized Authorized Person Person □Other____ □Other___ □Other □Other □Manager Name: _____ □Manager Name: ☐ Member Address: ☐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. Janeile Coluccio

I voed or minted name of signee

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "WORLD OF X-RAY, 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 THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORLD OF X-RAY,

LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2019.

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

2821 KOV -8 PH 7: 51



7721918 83**0**0

SR# 20213690799

Authentication: 204584694

Date: 11-03-21



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 21! 2021

JANELLE COLUCCIO 108 PRADO WAY #304 JUPITER, FL 33458 US

SUBJECT: WORLD OF X-RAY, LLC TO21 PAID

Ref. Number: W21000139788

- Freloxed

We have received your document for WORLD OF X-RAY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Stätutes. The registered agent must sign accepting the designation as required by Florida Statutes.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6**0**51.

Sharon D Franklin Regulatory Specialist II

Letter Number: 921A00025714

RECEIVED NGV 0 8 2021

www.sunbiz.org

DO DOV 6207 Wellehages Plevide 29214