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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053 : (561)694-8107 Phone

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for fullifie annual report mailings. Enter only one email address please.▶

Email Address:

Foreign Limited Liability Company 10X Life Studios, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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

IN COMPLIANCE WITH SECTION 605,000, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

A C	ame adopted for the purpose of transacting business in Pl	orids. The alternate name must include "Limited Lin	ability Company," "L.L.C." or "I
UE	ach foreign binited liability company is organized)	3.	er, if applicable)
(intringiciod mod are new or w	acti nacifi dimeg remin' compeny a deferced	to the parties.	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, P.S. to determ	registration.) ine penalty liability)	
18909 NE 29th Ave		18909 NE 29th Ave 6.	
set Address of Principal Office)		6. (Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Aventura, FL 33180		Aventura, FL 33180	
			7, 2
		NOT	2021 NOV 23 SUCRETARY TALL AHASSI
Name and street addres	s of Florida registered agent: (P.O. Box	(NOT acceptable)	N ON S
	Corporate Creations Network Inc.		י ויק
Name:			T R 3
an marrie a 1 t	801 US Highway 1		STATE LORIO
Office Address:			STATE LORIDA
	North Palm Beach	33408 , Florida	•
	(City)	(Zip code)	

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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary
(Reputered 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]:

<u> Pitle or Capacity:</u>	Name and Address:	Title or Capacity:	Nume and Address:
≡ Manager	Name:	≣Manager	Name: Shen Hamilton
□Member	Address: 18909 NE 29th Ave		Address: 18909 NE 29th Ave
□Authorized	Aventura, FL 33180	□Authorized	Aventura, FL 33180
Person		Person	
□Other	□ Other □	[]Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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 degree felony as provided for in s.817.155, F.S.

/s/ Caitlin Lazarus	
Signature of an authorized person	
Caitlin Lazarus, Attorney-in-Fact	
Typed or printed name of stance	-



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

DELAWARE, DO HEREBY CERTIFY "10X LIFE STUDIOS, 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-SECOND DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "10X LIFE STUDIOS, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2021.

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



Authentication: 204754654

Date: 11-22-21