

M2200000 1545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

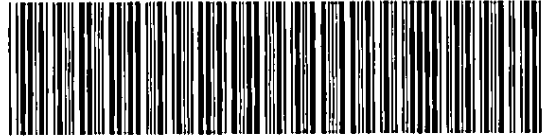
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OFFICE
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

S. HAWKES

JAN - 2021

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/31/2022

Acc#120160000072

mic DW

Name:	Second Wave Delivery Systems, LLC
Document #:	
Order #:	14123380

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Document _____
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Verifier _____
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Ref# _____

Amount: \$ 155.00

Thank you!

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

IN COMPLIANCE WITH SECTION 05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Second Wave Delivery Systems, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. October 4, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Second Wave Delivery Systems, LLC c/o Brian Steadman
(Street Address of Principal Office)

9060 W. Cheyenne Avenue,

Las Vegas, NV 89129

6. Second Wave Delivery Systems, LLC c/o Brian Steadman
(Mailing Address)

9060 W. Cheyenne Avenue,

Las Vegas, NV 89129

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

REC-131 PM12:20
FILED
STATE OF FLORIDA

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.

By: Scott White C T Corporation System
Scott White, Assistant Secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Eric Moskow</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Gary N. Jacobs</u>
	<u>Second Wave Delivery Systems, LLC</u>		<u>Second Wave Delivery Systems, LLC</u>
<input type="checkbox"/> Member	Address: <u>c/o Brian Steadman</u>	<input type="checkbox"/> Member	Address: <u>c/o Brian Steadman</u>
	<u>9060 W. Cheyenne Avenue,</u>		<u>9060 W. Cheyenne Avenue,</u>
<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89129</u>	<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89129</u>
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Elliot Moskow</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Jacobs</u>
	<u>Second Wave Delivery Systems, LLC</u>		<u>Second Wave Delivery Systems, LLC</u>
<input type="checkbox"/> Member	Address: <u>c/o Brian Steadman</u>	<input type="checkbox"/> Member	Address: <u>c/o Brian Steadman</u>
	<u>9060 W. Cheyenne Avenue,</u>		<u>9060 W. Cheyenne Avenue,</u>
<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89129</u>	<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89129</u>
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Ellis Landau</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Aran Ron</u>
	<u>Second Wave Delivery Systems, LLC</u>		<u>Second Wave Delivery Systems, LLC</u>
<input type="checkbox"/> Member	Address: <u>c/o Brian Steadman</u>	<input type="checkbox"/> Member	Address: <u>c/o Brian Steadman</u>
	<u>9060 W. Cheyenne Avenue,</u>		<u>9060 W. Cheyenne Avenue,</u>
<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89129</u>	<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89129</u>
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Elliot Moskow

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECOND WAVE DELIVERY SYSTEMS, 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-EIGHTH DAY OF JANUARY, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

4100479 8300

SR# 20220293192

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202520919

Date: 01-28-22