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.

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To:	Division of Corporations Fax Number : (850)617-63 Account Name : C T CORPORA Account Number : FCA00000002	ATION SYSTEM		-	(-3 FH 3: 56
an	Phone : (614)573-39 Fax Number : (954)208-09 the email address for this bushousl report mailings. Enter on	345 siness entity to	be used fo	or future e.** .	2022 JAN 3 1 A
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S. FRANKLIN

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Corporate Filing Menu

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MAR - 4 2022

To: -18506176383

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

IN COMPLANCE WITH SECTION 8050002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate it	ains adopted for the purpose of transacting business in Flor	da. The alternate name must malude "I minted Laaf	ality Company," 1	.1.C." (# "	āια	
Delaware		84-4109583				
(Jurisdiction under the law of w	nich foreign himited hability company is organized)	(LL attembe	r, al'applicable i		_	
February 1, 2022						
·	(Date first transacted bitsiness in blanda, if prior to re (See sections 695-5904 & 605-0905, F.S. to determine	gistration) penalty liebility)				
429 Lenox Ave, 5th Floor		429 Lenox Ave, 5th Floor				
Miami Beach, FL 33139		6 (Miding Address)	:	702	-	
		Miami Beach, FL 33139	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	1022 JAI	_ •	
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Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)		in C	23			
			<u>ئے '۔۔۔' ج</u>	~		
Name.	C T Corporation System	_ 				
Office Address:	1200 South Pine Island Road					
Q11174 174 214 2041	Piantation	33139				

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.

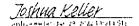
Page: 5 of 6

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 (b) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
≣Manager	Name: Joshua Keller	≘ Manager	Name: Nick Matzorkis		
□Member	Address: 429 Lenox Ave, 5th Floor	□Member	Address: 429 Lenox Ave, 5th Floor		
□Authorized	Miami Beach, FL 33139	☐ Authorized	Miami Beach, FL 33139		
Person		Person			
☐Other	Other	=Other			
⊡Manager	Name:	□Manager	Name:		
⊡Member	Address:	□ Member	Address:		
☐ Authorized		T Authorized	. 21		
Person		Person	227		
⊡Other		Other	JAN 31		
⊞Manager	Name:	□Manager	Name: R		
□Member	Address:	□Member	Address:		
Authorized		☐ Authorized			
Person		Person			
- Other	- Dibur	Other	— ()Ther		

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 baving 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.817.455, F.S.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "OTTO QUOTE, 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.



Authentication: 202520289

Date: 01-28-22