



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Superlife Partners, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jasmine Carcieri

\_\_\_\_\_  
Name of Person

DarrowEverett LLP

\_\_\_\_\_  
Firm/Company

One Turks Head Place, Suite 1200

\_\_\_\_\_  
Address

Providence, RI 02903

\_\_\_\_\_  
City/State and Zip Code

jcarcieri@darroweverett.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmine Carcieri

401

453-1200

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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:*

1. Superlife Partners, 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 3. 88-0614814  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

3940 Laurel Canyon Blvd.#389

3940 Laurel Canyon Blvd.#389

Studio City, CA 91604

Studio City, CA 91604

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

**FILED**  
**2022 FEB 16 AM 8:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, 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.*

Gillian C. Raymond  
(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:**

☐ Manager                      Name: Robert Torosian

☐ Member                      Address: 3940 Laurel Canyon Blvd.#389

☐ Authorized                      Studio City, CA 91604

Person

☒ Other                      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Jasmine Carcieri

☐ Member                      Address: DarrowEverett LLP

☐ Authorized                      One Turks Head Place, Suite 1200

Person

☒ Other Organizer                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

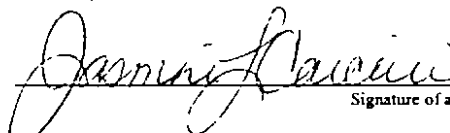
Person

☐ 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.

  
Signature of an authorized person

Jasmine Carcieri

Typed or printed name of signee

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUPERLIFE PARTNERS, 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2022.



6584011 8300

SR# 20220303153

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202534138

Date: 01-31-22

JASMINE L. CARCIERI, PARALEGAL  
[JCARCIERI@DARROWEVERETT.COM](mailto:JCARCIERI@DARROWEVERETT.COM)

**PROVIDENCE OFFICE:**  
One Turks Head Place  
Suite 1200  
Providence, RI 02903  
**Tel: (401) 453-1200**  
Fax: (401) 453-1201

February 14, 2022

Via FedEx

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe St., Suite 810  
Tallahassee, FL 32303

**In Re:           Application by Foreign Limited Liability Company for Authorization  
to Transact Business in Florida – Superlife Partners, LLC**

To Whom It May Concern:

This correspondence serves as our request for Foreign Business Registration on behalf of applicant in the State of Florida: Superlife Partners, LLC, a Delaware limited liability company.

Enclosed, please find completed and executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; Certificate of Good Standing issued by company's domiciled state of Delaware; and check in the amount of \$160.00 to cover the Filing Fee, Certificate of Status, and Certified Copy Fee.

Should you require any additional information or documentation to process these filings, please do not hesitate to contact me at (401) 453-1200, or at the above listed e-mail.

Thank you for your direct attention to this matter.

With kind regards,

*Jasmine Carcieri*  
Jasmine Carcieri

Enclosure