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Division of Corporations

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From:

Account Name : ABITOS PLLC Account Number : 120200000189 Phone : (305) 774-2945

Fax Number : (305)774-1504

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

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Foreign Limited Liability Company MOSHE SION LLC

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S. FRANKLIN

MAR 3 0 2022

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Help

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-

i name unavailable, enter alternate n	inic adopted for the purpose of transacting business in Flo	onda The ali	emaie name must inclo	le "Limued Liabih	ty Company," "I	l, C,7 se "1	tal.com		
DELAWARE			30-1271052						
(Jurisdiction under the Liw of w)	suliction under the law of which fireign limited liability company is organized)			(FEI number, if applicable)					
N/A									
	(Date first transacted business in Horida, if prior to 1See sections 605 0903 & 605 0905, US to determine	registration) ine penalty li	ability)						
255 ARAGON AVENUE, 2ND FLOOR			255 ARAGON AVENUE, 2ND FLOOR (Mailing Address)						
Street Address of Principal Office)		V	(Mailing Address			~~	-		
CORAL GABLES, FLORIDA 33134						2022			
						11AR 29	-		
. Name and street addres	s of Florida registered agent: (P.O. Box	- <u>NOT</u> ac	cceptable)	,		9 PM 12: 32	Ť.		
Name:	ABITOS PLLC				ès.	3 2			
Office Address:	255 ARAGON AVENUE, 2ND FLOO	OR							
	CORAL GABLES		Florida	33134					
	(Cuy)		, Florida _	(Zip code)					

and accept the obligations of my position as registered agent.

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	<u>u</u>	Name and Address:		
≝ Manager	Name: G & G Management US LLC	⊒Manager	Name:			
□Member	Address: 255 Aragon Avenue, 2nd floor	_!Member	Address:			
□Authorized	Coral Gables F1, 33134	[]Authorized				
Person		Person				
□Other		_Other				
_		~7.4	.			
∐Manager	Name:	□Manager	Name:			
∐Member	Address:	□Member	Address:	200000		
DAuthorized		☐Authorized				
Person		Person				
_iOther	Other	_Other		DOther 畫 均		
				29 P		
∐Manager	Name:	∐Manager	Name:			
□Member	Address:	□Member	Address:			
□Authorized		□Authorized				
Person		Person				
□Other	Other	_Other	· · · <u>- · · · · · · · · · · · · · · · ·</u>	_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 conditions third degree felony as provided for in s.817.155, F.S.

Andreas of an antibarsed beason

G & G MANAGEMENT US LLC



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MOSHE SION LLC" IS DULY FORMED UNDER

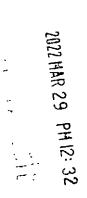
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIRST DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOSHE SION LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2021.

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



Authentication: 203331097

Date: 06-01-21

5957064 8300 SR# 20212282766

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