## 2000013174

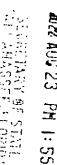
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
2ev 2322					





500391170285

07/20/22--01013--032 \*\*155.00



AUG 23 2022 M. SOLOMON

## COVER LETTER

Nowcom, LL	.C			
BJECT:	Nar	ne of Limited Liability Company		
enclosed "Application tence, and check are su	by Foreign Limited Liability ibmitted to register the above	Company for Authorization to Transact Business in Florida." referenced foreign limited liability company to transact busin	' Certificate ( ness in Florid	
se return all correspond	dence concerning this matter	to the following:		
Iris Won	g			
		Name of Person		
Nowcom	ı. LI.C			
		Firm/Company		
4751 Wi	4751 Wilshire Blvd. #115			
		Address	- 100 - 250 - 250 - 250	
Los Ang	cles, CA 90010		35	
		City/State and Zip Code	ട്ടുപ നിത	
iwono@ne	owcom.com	Chyrolate and Zip Code	700	
		oc used for future annual report notification)	1915	
further information con	cerning this matter, please or	•		
unities information con	cerning this matter, please of	att:		
Iris Wong		323 746-6012		
	ame of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
المساحدة فالمحمامة	k for the following amount:			

## 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

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Cor	mpany," "I. I. C.," or "I.I.C.")	
Frame unavailable, erner alternate i	name adopted for the purpose of transacting business in Flor	rida. The altern	ute name must include "Limited Liability Com	spany," "f.,l, C," oc "t.  C ")
California		95	-4576858	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applie	able)
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration ) penalty liabil	ny)	
4751 Wilshire Blvd. #115			51 Wilshire Blvd. #115	
reet Address of Principal Office)		6	(Mailing Address)	
Los Angeles, CA 90010		Los Angeles, CA 90010		20 <b>20 20 20 20 20 20 20 20 20 20 20 20 20 2</b>
			· · · · · · · · · · · · · · · · · · ·	AUG 2
	· · · · · · · · · · · · · · · · · · ·			$\frac{2}{2}$ $\omega$
Name and street addres	s of Florida registered agent: (P.O. Box.)	NOT acce	ptable)	m ™ <b>D</b> K
			,	1415 1415 1415 1415
Name:	Corporate Creations Network Inc.			with the
	001.710.44		_	
Office Address:	801 US Highway I		_	
	North Palm Beach		33408 , Florida	
(City)		(Zip code)		

and accept the obligations of my position as registered agent.

(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: Title or Capacity: Name and Address: Name: Vimal Nair Matthew Mee-Lee □Manager □Manager Address: \_ 4751 Wilshire Blvd #205 Address: \_\_\_\_ 4751 Wilshire Blvd #205 □Member □ Member Los Angeles, CA 90010 Los Angeles, CA 90010 **■** Authorized Authorized Person Person CTO Other\_ ⊟Other COO & GC ☐Other\_\_ □Other\_\_\_\_\_ Name: \_ Jay Kamdar □Manager □ Manager Name: \_\_\_\_\_ Address: \_\_\_ 4751 Wilshire Blvd #205 □Member □Member Address: Los Angeles, CA 90010 **■** Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other\_ Other □Manager Name: \_\_\_\_ □Manager □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. 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 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 Matthew Mee-Lee

Typed or printed name of signee



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

NOWCOM, LLC

Entity No.:

202101610152

Registration Date: 03/15/1996

Entity Type:

Limited Liability Company - CA

Formed In:

**CALIFORNIA** 

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 15, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 037256328



July 28, 2022

IRIS WONG NOWCOM, LLC 4751 WILSHIRE BLVD. #115 LOS ANGELES, CA 90010

SUBJECT: NOWCOM, LLC Ref. Number: W22000098774

We have received your document for NOWCOM, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 922A00016935

RECEIVED
AUG 2 3 2022