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Account Number: I20160000074 Phone : (407)839-4277 Fax Number : (407)839-4264

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

Fmail	Address:	luis@amzak.con
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Foreign Limited Liability Company Amzak Station LLC

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COVER LETTER

A UBJECT:	mzak Station LLC	
	Name	of Limited Liability Company
he enclosed ". xistence, and	Application by Foreign Limited Liability C check are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certifical eferenced foreign limited liability company to transact business in Flo
ease return al	I correspondence concerning this matter to	the following:
	Kara Rothbard	
		Name of Person
	Nelson Multins	
		Firm/Company
	390 North Orange Avenue, Suite 1400	
		Address
	Orlando, FL 32801	
	Ci	ty/State and Zip Code
	kara.rothbard@nelsonmullins.com	
	E-mail address: (to be	used for future annual report notification)
or further info	ormation concerning this matter, please call	l:
Kara	Rothbard	407 669-4331
	Name of Contact Person	Area Code Daytime Telephone Number
	ng Address:	Street Address:
_	stration Section sion of Corporations	Registration Section Division of Corporations
	Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
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	e make check payable to: FLORIDA DEP 25,00 Filing Fee S130,00 Filing Fee	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (6)SUMP, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

It name uravailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternate name must include "Unnited Liability Company," "L.L.C," or "LLC	')
Delaware		88-3388311	
(Jurisdiction under the law of wi	ach toroign limited liability company is organized)	(PEL manh r. it applicable)	
November 8, 2022			
	(Date first transacted business at Florada, if pro- (See sections 605, 0904 & 605, 0905, F.S. to de	r to registration) coninc penalty hability)	
980 North Federal Hig	hway	980 North Federal Highway	
street Address of Principal Office)		6. (Mailing Adatess)	
Suite 315		Suite 315	
Boca Raton, Florida, 3.	3432	Boca Raton, Florida, 33432	
. Name and street addres	s of Florida registered agent: (P.O.	Boca Raton, Florida, 33432 Box NOT acceptable) SSE TO BOX SSE TO	7
Name:	Luis Espinal		ł
Office Address:	980 N. FEDERAL HWY, STE. 31	5	ט ט
	BOCA RATON	33432 Florida	
	(Cry)	(Zip code)	
lesignated in this applica o comply with the provisi	gistered agent and to accept service tion, I hereby accept the appointme	of process for the above stated limited liability company at the p at as registered agent and agree to act in this capacity. I further per and complete performance of my duties, and I am familiar to	agree
	, ., , . , , ,	— Docusigned by: Luis Espinal	
		Constitution of the consti	

(Registered agent's signature)

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Fax Audit No. H22000380659 3

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
Manager	Name: Amzak Capital Management, LLC	□Manager	Name:	
■ Member	Address: 980 N. FEDERAL HIGHWAY	□Member	Address:	
□Authorized	SUITE 315	□Authorized		
Person	BOCA RATON, FL 33432	Person		
□Other	□Other	□Other		□Other
□Manager	Name: EK Management Services, LLC	□Manager	Name:	
■Member	Address: 980 N. FEDERAL HIGHWAY	□Member	Address:	55.
□Authorized	SUITE 315	□Authorized		<u></u>
Person	BOCA RATON, FL 33432	Person		980
Other	Other	Other		Other
	Name:	□Manager	Name:	
□Manager		□Member		
□Member _	Address:			
□Authorized		□Authorized		-
Person		Person		
□Other	Other	Other		Other
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9. Attached is a cer jurisdiction under t of the translator mu	tificate of existence, no more than 90 days old, he law of which it is organized. (If the certifical ast be submitted)	duly authenticated by t te is in a foreign langua	he official hav ige, a translatio	ing custody of records in the nof the certificate under oath
10. This document submitted in a docu	is executed in accordance with section 605.020 iment to the Department of State constitutes a th	fird degree felony as pr	tes. I am aware ovided for in s.	that any false information 817,155, F.S.
		all D. Fayma		

Typod or primed name of signer

→ 18506176383

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMZAK STATION 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 SEVENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMZAK STATION LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2022.

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

702 HOV -7 PH 5: 03



Authentication: 204795538

Date: 11-07-22