

12/7/22, 9:01 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M2200041158183

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : HARVARD BUSINESS SERVICES, INC.
 Account Number : 120080000045
 Phone : (302)645-7400
 Fax Number : (302)645-1280

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

Email Address: ana@mhubs.com

2022 Dec 7 9:54 AM

Foreign Limited Liability Company
 Comet Cash LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

APPROVED
 AND
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 2022 DEC -7 AM 9:54

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DEC 08 2022

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Comet Cash LLC
Name of Foreign Limited Liability Company must include "Limited Liability Company" "LLC" or "L.L.C."

2. Delaware
State of incorporation of the foreign entity for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company" "LLC" or "L.L.C."

3. 88-4125574
Tax identification number for the foreign entity (include foreign limited liability company tax identification number, if applicable)

4. 12/06/2022
Date first transacted business in Florida (if prior to registration)
(See sections 605.091 & 605.092, F.S. for economic penalty, if applicable)

5. 1680 Michigan Ave 800
Street Address of Principal Office
Miami Beach, FL 33139
6. 1680 Michigan Ave 800
Mailing Address
Miami Beach, FL 33139

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

Name: Registered Agents Inc
Office Address: 7901 4th Street N, Ste 500
St. Petersburg, Florida 33702

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TAMARA J. HARRIS
CLERK OF THE CIRCUIT COURT

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.

Bill Hume
Registered agent's signature

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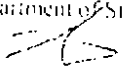
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Thomas Kate	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1680 Michigan Ave 800	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Miami Beach, 33139	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Thomas Kate

Date (to print a copy of same)

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMET CASH 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 DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMET CASH LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2022.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7052744 8300

SR# 20224195900

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

Authentication: 205025953

Date: 12-07-22

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