Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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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 $\ddot{5}$

Foreign Limited Liability Company Icon SOBE LLC

Certificate of Status	1
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Jan . 3 2023

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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

lcon SOBE LLC				
(Name of Foreign	Earnited Liability Company, must include "Limite	d Liability Com	pany," "L.t. C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	krida. The olternat	e name must include "Limited Liability	Company,""Lt. C," or "Lt.C,"
Delaware 2.	hich foreign limited liability company is organized)	3	(Fl:1 number, if a	
this ediction under the 11w of v	oucu mesiku munea maonnik combank is odkanisea i		(Fitt number, if a	pplicable)
4.	(Date first transacted business in Florida, if prior to (See sections 605,1904 & 605 (905, F.S. to determ	registration)		-
450 Alton Road #350			o Alton Road #3501	_
5. (Street Asklress of Principal Office)			(Mailing Address)	<u>ن</u> الح
Miami Beach, FL 331	39	Miar	ni Beach, FL 33139	
				
		·*******		· ·
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	table)	15
Name:	Nathalie H. Goulet, P.A.		_	
Office Address:	3550 Stewart Avenue		_	
	Miami			
	(Cny)		(Zip code)	-

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.

Jenisa Trizarry	Jenisa Irizarry, Attorney-in-Fact
(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	<u> </u>	Name and Address:
□Manager	Name: Blissful Advent Trust	□Manager	Name:	
■Member	Address: 450 Alton Road #3501	□Member		
□Authorized	Miami Beach, FL 33139	□Authorized		
Person		Person	<u> </u>	
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other □
□Manager	Name:	□Manager	Name:	10
□Member	Address;	□Member	Address:	
□Authorized		□Authorized		5
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. 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.

Jenisa	Arizarry	
	Significate of an authorized person	
Jenisa Irizarry		
	Typed or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "ICON SOBE LLC" IS DULY FORMED UNDER

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

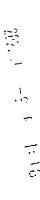
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICON SOBE LLC"

WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2022.

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





Authentication: 205204263

Date: 12-28-22