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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 Trademark Services LLC

Certificate of Status	0
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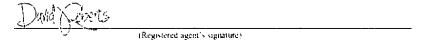
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Trademark	Services LLC Limited Liability Company, must include "Limited	, .	•		_
2. New York	name adopted for the purpose of transacting business in F , , , hich foreign limited liability company is organized?	_	Frame miss include "Limited Liability 1–1363133 (FEI number, if		or "LUC")
4	(Date first transacted business in Florida, if prior to (See sections 605 0504 & 605 0505, F.S. to determ	registration)	1		
5. 7901 4th St (Street Address of Principal Office)	t N STE 300	6. <u>79</u>	01 4th St N S	STE 300	<u>) </u>
St. Petersbu	ırg FL 33702	St.	Petersburg F	L 33702	<u>. </u>
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepts	ablej	-	2923
Name:	_	:	FE : 2		
Office Address:	7901 4th St N STE	300	_	\$4	C) TU 13
	St. Petersburg		, Florida 33702	-	ვ: :53

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.



8. For initial indexing purposes, fist 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: Gaeta, Justin **X**Manager □ Manager Address: ____ □ Member □Member Address: 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg, FL 33702 Person Person □Other_ □Other_____ ☐ Other_____ □Other____ □ Manager Name: Name: □ Member Address: Address: □ Member □ Authorized □ Authorized Person Person □Other _____ □Other____ □Other_____ □Other_____ □Manager Name: 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. Pakery Juney Signature of an authorized person

Typed or printed name of signee

Robin Jones

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

TRADEMARK SERVICES LLC

DOS ID Number:

4940010

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

05/03/2016

Statement Status:

PAST DUE DATE

Statement Due Date:

05/31/2018

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 13, 2023 at 08:30 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydra

By Brendan C. Hughes
Executive Deputy Secretary of State

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