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

From:  
Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
UNI K WAX AVENTURA, LLC**

Please honor original  
submission date of  
3/29/23. Thank you!

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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TALLAHASSEE FL

FILED

**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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Uni K Wax Aventura, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-3023457

(FEI number, if applicable)

4. \_\_\_\_\_  
(Has this transacted business in Florida, if prior to registration?  
(See sections 605.0904 & 605.0905, F.S. to determine penalty/ability)

5. c/o Streamline Family Office, 258 Main Street, Unit 5  
(Street Address of Principal Office)

6. c/o Streamline Family Office, 258 Main Street, Unit 5  
(Mailing Address)

Medfield, MA 02052

Medfield, MA 02052

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(City) (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.*

Taylor Seay

(Registered agent's signature)

Taylor Seay, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

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TALLAHASSEE, FL  
STATE OF FLORIDA

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 type="checkbox"/> Manager   | Name: <u>Omar Simmons</u>                    | <input type="checkbox"/> Manager   | Name: <u>Alexei Popov</u>                    |
| <input type="checkbox"/> Member  | Address: <u>c/o Streamline Family Office</u> | <input type="checkbox"/> Member  | Address: <u>c/o Streamline Family Office</u> |
| <input type="checkbox"/> Authorized                                      | <u>258 Main Street, Unit 5</u>               | <input type="checkbox"/> Authorized                                      | <u>258 Main Street, Unit 5</u>               |
| Person   | <u>Medfield, MA 02052</u>                    | Person   | <u>Medfield, MA 02052</u>                    |
| <input checked="" type="checkbox"/> Other <u>Chairman</u>                | <input type="checkbox"/> Other _____         | <input checked="" type="checkbox"/> Other <u>President and Secretary</u> | <input type="checkbox"/> Other _____         |
| <br><input type="checkbox"/> Manager                                     | Name: <u>Arnold Pereira</u>                  | <br><input type="checkbox"/> Manager                                     | Name: _____                                  |
| <input type="checkbox"/> Member  | Address: <u>c/o Streamline Family Office</u> | <input type="checkbox"/> Member  | Address: _____                               |
| <input type="checkbox"/> Authorized                                      | <u>258 Main Street, Unit 5</u>               | <input type="checkbox"/> Authorized                                      | _____  |
| Person   | <u>Medfield, MA 02052</u>                    | Person   | _____  |
| <input checked="" type="checkbox"/> Other <u>Chief Executive Officer</u> | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____                                     | <input type="checkbox"/> Other _____         |
| <br><input type="checkbox"/> Manager                                     | Name: _____                                  | <br><input type="checkbox"/> Manager                                     | Name: _____                                  |
| <input type="checkbox"/> Member  | Address: _____                               | <input type="checkbox"/> Member  | Address: _____                               |
| <input type="checkbox"/> Authorized                                      | _____  | <input type="checkbox"/> Authorized                                      | _____  |
| Person   | _____  | Person   | _____  |
| <input type="checkbox"/> Other _____                                     | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____                                     | <input type="checkbox"/> Other _____         |

Important Notice: Do not attempt to report more than six (6). The information will be indexed 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

Omar Simmons, Chairman

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNI K MAX AVENTURA, 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-NINTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNI K MAX AVENTURA, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2023.

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



7352011 8300

SR# 20231207794

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203034074

Date: 03-29-23

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