

4/26/23 1:36 PM

Division of Corporations

Florida Department of State
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
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Foreign Limited Liability Company
CLOUD 9 HOLDCO LLC

Certificate of Status	1
Certified Copy	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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April 27, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: CLOUD 9 HOLDCO LLC
REF: W23000061297

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Ariel Jones
Regularoty Specialist II
Registration Section

FAX Aud. #: H23000155870
Letter Number: 223A00009477

**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. CLOUD 9 HOLDCO LLC

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

2. DELAWARE

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

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

9348 Civic Center Drive

5. (Street Address of Principal Office)

Beverly Hills, CA 90210

9348 Civic Center Drive

6. (Mailing Address)

Beverly Hills, CA 90210

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach

(City)

, Florida

33408

(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.

Jade Lopez

Jade Lopez, Special Secretary
(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):

<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: <u>Mark Brown</u>	<input type="checkbox"/> Manager	Name: <u>Michael Rowles</u>
<input type="checkbox"/> Member	Address: <u>9348 Civic Center Drive</u>	<input type="checkbox"/> Member	Address: <u>9348 Civic Center Drive</u>
<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>	<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>General Counsel</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kelly Viau</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jordan Zachary</u>
<input type="checkbox"/> Member	Address: <u>9348 Civic Center Drive</u>	<input type="checkbox"/> Member	Address: <u>9348 Civic Center Drive</u>
<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>	<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Dan Rosier</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bob Roux</u>
<input type="checkbox"/> Member	Address: <u>9348 Civic Center Drive</u>	<input type="checkbox"/> Member	Address: <u>9348 Civic Center Drive</u>
<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>	<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

Jade Lopez

Signature of an authorized person

Jade Lopez, Attorney-in-Fact

Typed or printed name of signer

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>
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<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>General Counsel</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>
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<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
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<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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Jade Lopez

Signature of an authorized person

Jade Lopez, Attorney-in-Fact

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLOUD 9 HOLDCO 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 FIFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOUD 9 HOLDCO LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2022.

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



7037079 8300

SR# 20231833892

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203283680

Date: 05-05-23