

M23000010168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

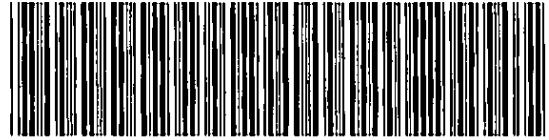
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
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2023 AUG -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2023
K. Brumby

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 913637 4301683

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : August 1, 2023

ORDER TIME : 1:56 PM

ORDER NO. : 913637-005

CUSTOMER NO: 4301683

FOREIGN FILINGS

NAME: AAI UNSCRIPTED LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AAI UNSCRIPTED LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ross Amarante

Name of Person

Ariela And Associates International LLC

Firm/Company

1688 Meridian Ave., Suite 540

Address

Miami Beach, FL 33139

City/State and Zip Code

ramarante@ssi-llc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Lee Kovacs, Esq.

212

554-7847

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. AAI UNSCRIPTED 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)

5. 1359 Broadway
(Street Address of Principal Office)

6. 1359 Broadway
(Mailing Address)

21st Floor

21st Floor

New York, New York 10018

New York, NY 10018

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

Name: Ross Amarante

Office Address: 1688 Meridian Ave., Suite 540

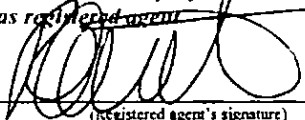
Miami Beach, Florida 33139
(City) (Zip code)

2023 AUG - 4 AM 10: 01
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
FILED

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.


(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>Ariela Weiss Esquenazi</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Karin Feldman</u> |
| <input type="checkbox"/> Member | Address: <u>Ariela and Associates International</u> | <input type="checkbox"/> Member | Address: <u>1500 Bay Road</u> |
| <input type="checkbox"/> Authorized Person | <u>1688 Meridian Ave., Suite 540</u> <u>Miami Beach, FL 33139</u> | <input type="checkbox"/> Authorized Person | <u>Apt. 914</u> <u>Miami Beach, FL 33139</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|---|--------------------------------------|---|---|
| <input checked="" type="checkbox"/> Manager | Name: <u>Mary Melissa Campana</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Melissa Perrelle Mandras</u> |
| <input type="checkbox"/> Member | Address: <u>3002 Hanna Lane</u> | <input type="checkbox"/> Member | Address: <u>302 Palisade Ave.</u> |
| <input type="checkbox"/> Authorized Person | <u>Bentonville, AR 72712</u> | <input type="checkbox"/> Authorized Person | <u>Apt. 402</u> <u>Jersey City, NJ 07307</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Ariela and Associates International</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>1688 Meridian Ave.</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>Suite 540</u> <u>Miami Beach, FL 33139</u> | <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.

/s/ David Lee Kovacs

 Signature of an authorized person

David Lee Kovacs

 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AAI UNSCRIPTED 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 FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AAI UNSCRIPTED LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2023.

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



7596624 8300

SR# 20233135205

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

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

Authentication: 203868091

Date: 08-01-23