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	(Requestor's Name)	
	(Address)	· · · · · · · · · · · · · · · · · · ·
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	(City/State/Zip/Phone #)	
	(City/State/Zip/Prione #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

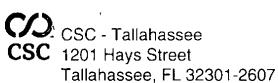


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AIIG 2 4 2023 K. Brumbley



850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 08/24/23

Order #: 1256935-3 Re: Cybermaxx, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

...

12000000195

auth

Gariale rada Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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:

	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liab	niny Company, L.E.C. or E.C.	
Tennessee		26-3952990 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number	(FEI number, if applicable)	
08/01/2023				
	(Date first transacted business in Florida, if prior to recover sections 605,0904 & 605,0905, F,S to determine	gistration) : penalty liability)		
90 Broad St. 5th Floor		90 Broad St. 5th Floor		
Street Address of Principal Office)		6. (Mailing Address)	· .	
New York, NY 10004		New York, NY 10004		
Name and street address	ss of Florida registered agent: (P.O. Box)	NOT_acceptable)	AN FIL 2023 AUG 24 GA CRICATO DAL ASPACAS	
	Corporation Service Company		- 2 三次	
Name:	Corporation Service Company			
Name: Office Address:	Corporation Service Company 1201 Hays Street		AND TILED 24 PM 6: 2 Land Tiston Charles and the	
	. ,	 	PH 6:	

By:

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: Name and Address: Brian Ahern Name: Gregory DeMars **■** Manager **■** Manager 90 Broad St. 5th Floor Address: 90 Broad St. 5th Floor □Member □Member New York, NY 10004 New York, NY 10004 ☐ Authorized ☐ Authorized Person Person □Other_____ □Other □Other □Other_____ □Manager □Manager Name: _ ☐ Member Address: ☐ Member Address: ___ ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other _____ □Other____ □ Manager Name: _____ □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.

Typed or printed name of signee

Gregory DeMars



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CSC

CSC

251 LITTLE FALLS

WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #:

0544025

Document Receipt

Receipt #: 008324848

Payment-Credit Card - State Payment Center - CC #: 3856952824

Regarding:

CyberMaxx, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 12/29/2008

Status:

Active

Duration Term:

Perpetual

Business County:

Issuance Date: 08/24/2023

Copies Requested:

Filing Fee:

\$20.00

\$20.00

August 24, 2023

Control #:

592884

Date Formed:

01/01/2009

Formation Locale: TENNESSEE

Verification #: 062456122

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CyberMaxx, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State:
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User