Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230003631823ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 Fax Number : (302)674-5266

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

Email	Address:	rrico@crescentheights/com	
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Foreign Limited Liability Company LADY FEELZ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

€.

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

name unavailable, enter alternate name adopted for the purpose of transacting business in F	florida. The atternate name must include "Limited Liability Company," "LL.C." or "LL	
DELAWARE	APPLIED FOR (FEI number, if applicable)	
Jurisdiction under the law of which foreign limited liability company is organized)		
2200 BISCAYNE BOULEVARD	6. (Mailing Address)	
MIAMI, FLORIDA 33137	MIAMI, FLORIDA 33137	

Registered agent's acceptance:

Office Address:

Name:

Jonathan Newberg

Miami

2200 Biscayne Boulevard

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.

, Florida

	/s/ Jonathan Newberg	
By:		
	(Registered agent's signature)	

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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:
□Manager	Name: JENNA B GALBUT	□Manager	Name: DAYAMI AGUIAR
□Member	Address: 2200 BISCAYNE BLVD	□Member	Address: 2200 BISCAYNE BLVD
□Authorized	MIAMI, FLORIDA 33137	☐ Authorized	MIAMI, FLORIDA 33137
Person		Person	
PRESIDEN Other	Other	⊡OtheVice Pre	sident Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐Authorized	
Person		Person	
□Other	Other	Other	□ Other
□Manager	Name:	⊡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. 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

DAYAMI AGUIAR, VICE PRESIDENT

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LADY FEELZ, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LADY FEELE, LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2023.

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



Authentication: 204389971

Date: 10-17-23

2482377 8300 SR# 20233749654