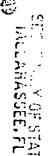
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DATE: 04/29/2024

NAME: MOXY TOK, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

		COVER LETTER		
	gistration Section ision of Corporations			
UBJECT:	Moxy Tok, LLC			
OBJECT.		e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida		
lease return	all correspondence concerning this matter t	to the following:		
	Trevor Darling			
		Name of Person		
	Tax Law & Automation Firm			
		Firm/Company		
	4580 E Thousand Oaks Blvd., Stc. 190	0		
		Address		
	Westłake Village, CA 91362			
		City/State and Zip Code		
	admin@taxlawautomation.com			
	E-mail address: (to be	e used for future annual report notification)		
or further in	nformation concerning this matter, please ca	ll:		
Tre	evor Darling	626 578-5804		
	Name of Contact Person	Area Code Daytime Telephone Number		
	iling Address:	Street Address:		
	gistration Section	Registration Section		
	vision of Corporations	Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
ı al	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEI \$125.00 Filing Fee S130.00 Filing Fe Certificate of	te & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l'name unavaitable, enter alternate na	ame adopted for the purpose of transacting business in Flori	da. The alternate	name must inch	ade "Limited Lia	ibility Company," "L.L C.	." or "l.1.C
Delaware			010602			
(Jurisdiction under the law of wh	(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
03/12/2024						
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 608,0905, F.S. to determine	istration.) penalty liability)				
6801 Collins Avenue			Collins Ave			
eet Address of Principal Office)		0	Mailing Address	;)	,	
Apt. #1002		Apt. #	1002			
Miami Beach, FL 3314	<u> </u>	Miam	i Beach, Fl	. 33141		
Name and street address	s of Florida registered agent: (P.O. Box)	N <u>OT</u> accepta	ible)			
Name:	Paracorp Incorporated		-		2024 Ser- Tay	
Office Address:	155 Office Plaza Drive, 1st Floor		-		APR 2	1 12
	Tallahassee		, Florida	32301	3338A SSSEA MA 6	-
	(City)			(Zip code)		Same 3
signated in this applicat comply with the provision	ance: gistered agent and to accept service of pro- ion, I hereby accept the appointment as r ons of all statutes relative to the proper as of my position as registered agent.	registered aş	gent and ag	gree to act ii	n this capacity. $I_{\mathbb{J}}$	furthei
ia accept the obligations	ny my position as registered agent.					
ia accept the obligations	SEE ATTACHED					

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: TokShark, LLC	□Manager	Name: Moxy Management
≘ Member	Address: 21354 Rambla Vista	■Member	Address:
□Authorized	Malibu, CA 90265	□Authorized	Sherman Oaks, CA 91403
Person		Person	
□Other	Other	□Other	Other
■Manager	Name:	■Manager	Name:Ryan Nassif
□Member	Address: 6801 Collins Avenue	□Member	Address:
□Authorized	Apt. #1002	□Authorized	Sherman Oaks, CA 91403
Person	Miami Beach, FL 33141	Person	
□Other	Other	□Other	Other
■Manager	Name:Lanzhu Jian	□Manager	Name:
□Member	Address: 21354 Rambla Vista	□Member	Address:
□Authorized	Malibu, CA 90265	□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.

SUITER DAWS		
	Signature of an authorized person	
Slater Davis, Manager		
	Typed or printed name of signee	

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 04/26/2024

ENTITY NAME: MOXY TOK, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "MOXY TOK, 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 APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOXY TOK, LLC"

WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2024.

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



Authentication: 203268648

Date: 04-17-24