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#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	PIXL Development LLC	
	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter t	o the following:
	Steven B. Waldman	
		Name of Person
	Aleida Ors Waldman, P.A.	
		Firm/Company
	19612 SW 69th Place	
		Address
	Ft. Lauderdale, FL 33332	
	C	ity/State and Zip Code
	steven@aowpa.com	
	E-mail address: (to be	e used for future annual report notification)
For fur	ther information concerning this matter, please ca	II:
Steven Waldman		954 524-1100 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEF  S125.00 Filing Fee S130.00 Filing Fe  Certificate of	e & 🔲 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PIXL DEVELOPMENT	r, LLC					
(Name of Foreign I	limited Liability Company; must include "Limite	d Liability Comp	pany," "L.L.C.," or "LLC.")			-
						<u> </u>
(If name unavailable, enter alternate n	anic adopted for the purpose of transacting business in Fi	torida. The alternati	e name must include "I imited Liabil	hty Company," "L.	LC." or	"LIC")
Delaware			1378942			
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3(FEI number, if applicable)			_	
4 June 18, 2024						
4.	(Date first transacted business in Florida, if prior to (See sections 605 6904 & 605,0905, F.S. to determ	registration.) ine penalty linhility	0	<del></del>		
4350 NW 8TH COUR	Т	4350	NW 8TH COURT			
5. (Street Address of Principal Office)	6 8 1 8 7 8 1	6	(Mailing Address)		_	_
SUITE A		SUL	ГЕ А			_
PLANTATION, FL 33	317	PLA	NTATION, FL 33317			
					<b>2</b> 02 <b>4</b>	<del></del>
7. Name and street address	ss of Florida registered agent: (P.O. Box	k <u>NOT</u> accep	table)	- AH		
	Michael Hsiao			LLAHÁSSÉI	ည်	
Name:					PΗ	
Office Address:	4350 NW 8TH COURT, SUITE A			EE, FLORIDA	PH 4: 2	
	PLANTATION		33317 , Florida	D N		
	(City)		(Zip code)	<del></del>		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: PIXL at Plantation Mezz DE, LLC Name: \_\_\_\_\_ □Manager 4350 NW 8TH COURT Address: ∐Member **⊠** Member Address: SUITE A □ Authorized Authorized PLANTATION, FL 33317 Person Person □Other\_\_\_\_\_ □Other Other\_\_\_\_\_ □Other\_\_ Michael Hsiao Name: □Manager Manager Manager 4350 NW 8TH COURT Address: Address: Member SUITE A Authorized □ Authorized PLANTATION, FL 33317 Person Person Other\_\_\_\_ □Other == □Other \_\_\_\_ Name: \_\_\_\_\_ □ Manager □ Manager Address: Address: ☐Member □Authorized □ Authorized 2 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. Signature of an authorized person

Typed or printed rame of signee

Michael Hsiao, Manager

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### Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PIXL DEVELOPMENT, 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 TWENTIETH DAY OF JUNE, A.D. 2024.

Authentication: 203761207

Date: 06-20-24

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE DELAWARE LIMITED LIABILITY COMPANY ACT

1.	The jurisdiction where the non-Delaware limited liability company was first formed is Florida and the date the non-Delaware limited liability
	company first formed is April 11, 2019
2.	The jurisdiction immediately prior to filing this Certificate is Florida
3.	The name of the non-Delaware limited liability company immediately prior to filing this Certificate is PIXL Development, LLC
4.	The name of the limited liability company as set forth in the Certificate of Formation is PIXL Development, LLC
IN 18	WITNESS WHEREOF, the undersigned have executed this Certificate on the day of June, A.D. 2024
	By: Multiple Person
	Name: Michael Hsteo, Manager

Print or Type

#### STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

I he name of the lim PIXL Development, LLC	ited liability company is	
in the City of Wilmington	Zin Code 19901	(street).
name of the Registered Age liability company may be se Corporate Creations Network Inc.	nt at such address upon whom process and	. The this limited
	By: Mullety	
	Authorized Persor	1
	Name: Michael Hsiao, Manager	
	Print or Type	<del></del>