

MA1000002316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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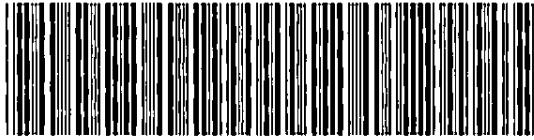
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**DATE: 2/26/21**

**NAME: B2K SOCIAL VENTURES, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 125.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**





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. B2K SOCIAL VENTURES, 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. California (Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-4487718 (FEI number, if applicable)

4. 07/1/2020 (Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1107 9TH STREET, SUITE 500 (Street Address of Principal Office)

6. 1107 9TH STREET, SUITE 500 (Mailing Address)

SACRAMENTO CA 95814

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

Name: First Corporate Solutions, Inc.

Office Address: 155 Office Plaza Drive

Tallahassee, Florida 32301
(City) (Zip code)

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.

[Handwritten Signature]
(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]:

Title or Capacity:                      Name and Address:  
 Manager                      Name: Michael Berkowitz  
 Member                      Address: 1885 Golden Gate Avenue  
 Authorized                      Apt. 8  
Person                      San Francisco, CA 94115  
 Other                       Other

Manager                      Name: Jonathan Kaufman  
 Member                      Address: 1520 28th Street  
 Authorized                      Sacramento, CA 95816  
Person  
 Other                       Other

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized  
Person  
 Other                       Other

Title or Capacity:                      Name and Address:  
 Manager                      Name: Daniel Kaufman  
 Member                      Address: 1950 7th Ave  
 Authorized                      Sacramento, CA 95818  
Person  
 Other                       Other

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized  
Person  
 Other                       Other

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized  
Person  
 Other                       Other

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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.

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)

I, 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



**Secretary of State  
Certificate of Status**

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** B2K SOCIAL VENTURES, LLC  
**File Number:** 201101410012  
**Registration Date:** 01/03/2011  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of February 24, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, or business activities or practices of the entity.

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IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 25, 2021.



**SHIRLEY N. WEBER, Ph.D.  
Secretary of State**

**Certificate Verification Number: YJVPLXY**

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).