

M21000005396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*wrong form*

Office Use Only



500380778195

02/01/22--01015--013 \*\*25.00

**FILED**  
2022 APR 22 PM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

MAY 11 2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Affiliati Network, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joey Lewin  
Name of Person

Chane Socarras PLLC  
Firm/Company

327 plaza real, suite 217  
Address

Boca Raton, FL 33432  
City/State and Zip Code

SERVICE@CSLAWFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben Socarras at (561) 609 3190  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy  
*previously provided*



7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

*Sanjay Patel*  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00



RECEIVED

2022 APR 22 AM 8:04

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

April 10, 2022

RUBEN SOCARRAS  
327 PLAZA REAL  
SUITE 217  
BOCA RATON, FL 33432

SUBJECT: THE AFFILIATI NETWORK, LLC  
Ref. Number: M21000005396

We have received your document for THE AFFILIATI NETWORK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 522A00008301

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE AFFILIATI NETWORK, 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 THIRTIETH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE AFFILIATI NETWORK, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2021.

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



5589905 8300

SR# 20221231647

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203048783

Date: 03-30-22



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 APR -5 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FL

February 10, 2022

RUBEN SOCARRAS  
327 PLAZA REAL  
SUITE 217  
BOCA RATON, FL 33432

SUBJECT: THE AFFILIATI NETWORK, LLC  
Ref. Number: M21000005396

We have received your document for THE AFFILIATI NETWORK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**YOU NEED TO SEND A CERTIFICATE OF GOOD STANDING FROM YOUR STATE.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 222A00003313