

M16000009633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

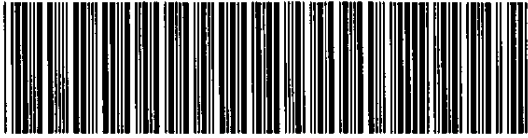
WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



600292493196

11/21/16--01003--001 **70.00

12/01/16--01017--008 **55.00

Special Instructions to Filing Officer:

W16-78264

207, 16375, 780

FILED
16 DEC - 1 PM 5: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2016 NOV 18 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

D. SCOTT
DEC 2 2016

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. CarBrain, 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4841703
(FEI number, if applicable)

4. 07/07/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9050 NW 27 AVENUE
MIAMI, FL 33147
(Street Address of Principal Office)

6. SAME AS ABOVE
(Mailing Address)

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

Name: MAHA MOURAD
Office Address: 9050 NW 27 AVENUE
MIAMI, Florida 33147
(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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MAHA MOURAD, SECRETARY
520 ENCLAVE CIRCLE WEST
PEMBROKE PINES, FL 33027

FILED
16 DEC - 1 PM 5: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

[Signature]
Signature of an authorized person

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.

Maha Mourad
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARBRAIN, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2016.

FILED
16 DEC -1 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6089621 8300

SR# 20166632427

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203334936

Date: 11-15-16