

1717000004793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

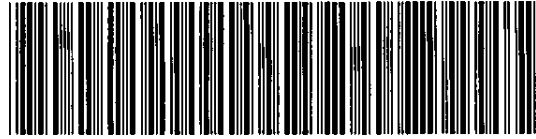
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. WARREN

JUN 06 2017

**CORPORATE
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When you need ACCESS to the world

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WALK IN

PICK UP: 6/5/17

- CERTIFIED COPY _____
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- CUS Good Standing
- FILING Foreign / LLC

1. NARWOL, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

NARWOL, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Name of Person

NARWOL, LLC

Firm/Company

2699 STIRLING ROAD, SUITE# B200

Address

FT LAUDERDALE, FLORIDA 33312

City/State and Zip Code

CS@PROJECT201452.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINESTRO	720	6886271
_____	at (_____)	_____
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|--|---|---|--|

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. NARWOL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(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 "L.I.C.")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FIC number, if applicable)

4. MAY 22, 2017
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 40 SW 13 STREET 6. PO BOX 823440
(Street Address of Principal Office) (Mailing Address)
SUITE# 301 Pembroke Pines, FLORIDA 33082
MIAMI, FLORIDA 33130

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: INCorp SERVICES, INC
 Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, Florida 33470
(City) (Zip code)

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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.

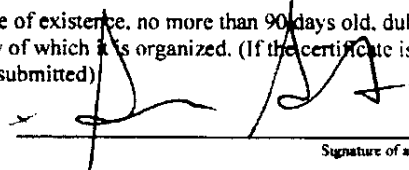
see attached
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGRM</u>	<u>CINESTRO, LLC</u> <u>PO BOX 823440</u> <u>Pembroke Pines, FL</u> <u>33082</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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 of an authorized person

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.

Ileana Soto

Typed or printed name of signer



3773 Howard Hughes Parkway
Suite 500S
Las Vegas, NV 89169

Phone 702 866 2500
Toll-Free 800 2 INCORP (1-800-246-2677)
Fax 702 866 2689

www.incorp.com

May 22, 2017

Corporations Division
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: NARWOL LLC

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **NARWOL LLC** for purposes and services only related to the Florida Department of State.

If there are any questions, please contact me at (800) 246-2677, Monday-Friday, 8am-5pm PST.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathy Shin', written in a cursive style.

Kathy Shin, Processor
InCorp Services, Inc.
kathy.shin@incorp.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN -5 PM 10:09

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NARWOL 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2017.



6326093 8300

SR# 20171212191

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

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

Authentication: 202102057

Date: 02-27-17