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TO:

	Registration Section Division of Corporation	s				
SHRIECT	CARNIVALMAS, L	LC				
SUBJECT	·		imited Liability C	Company		
		eign Limited Liability Comp d to register the above refere				
Please rett	urn all correspondence c	oncerning this matter to the	following:			
	Eric Milliken					
		Na	ime of Person			
	Sutter Law, P.C					
		Fi	rm/Company			
	447 Sutter Stree	t, Suite 506				
			Address			
	San Francisco, C	CA 94108				
	 -	City/St	ate and Zip Code			
	Info@sutterlegal.	com				
		E-mail address: (to be used	for future annual	report not	ification)	
For furthe	r information concerning	g this matter, please call:				
E	iric Milliken		415 at (341.288		
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	
11 R P	CALLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle see, FL 32301	
	is a check for the follow I \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ig Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Florida	The alternate name must include "Limite	ed Liability Company," "L.E.C," or "LLC ")
2.Delaware		3	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	(FE)	number, if applicable)
4. December 1, 2017			
	(Date first transacted business in Florida, if prior to regi (See sections 605 0904 & 605,0905, F.S. to determine p	stration.) benalty liability)	
	San Francisco, CA 94102	6. 55 Page Street, #727, S	
(Street Address of	Principal Office)	(Mailing	g Address)
		·····	
			2018
7. Name and street addre	ss of Florida registered agent: (P.O. Box N	OT acceptable)	等 一
No.	Registered Agents Inc.	·	ASSO TO
Name:			ANO PO IT
Office Address:	3030 N. Rocky Point Dr. STE 150A		PH 9: 4:
	Tampa	, Florida <u>33607</u>	ORI II
Registered agent's accep	(City)	(2)	ip code:
and accept the obligation		nd complete performance of	my duties, and I am familiar with
and accept the obligation	is of my position as registered agent. B	nd complete performance of	my duties, and I am familiar with
and accept the obligation		et Have	my duties, and I am familiar with
	ns of my position as registered agent.	ature)	
8. The name, title or cap	(Registered agent's sign	ature) nave authority to manage is/a	re:
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agent. (Registered agent's sign (Registered agent's sign	ature) nave authority to manage is/a Title or Capacity:	re: Name and Address:
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agent. (Registered agent's sign)	ature) nave authority to manage is/a Title or Capacity:	re: Name and Address:
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agent. (Registered agent's sign (Registered agent's sign	ature) nave authority to manage is/a Title or Capacity:	re: Name and Address:
8. The name, title or cap <u>Title or Capacity:</u> CEO	(Registered agent. (Registered agent is sign)	ature) nave authority to manage is/a Title or Capacity: Director	re: Name and Address:
8. The name, title or cap Title or Capacity: CEO Director	Registered agent. (Registered agent is sign acity and address of the person(s) who has/finame and Address: Stavros Alexander Lee 55 Page Street, #727, San Francisco, CA 94102 Matthew Houllier 12017 Citrus Falls Circle, Apta Tampa, FL, 33625	ature) nave authority to manage is/a Title or Capacity: Director	re: Name and Address:
8. The name, title or cap Title or Capacity: CEO Director (Use attachments if necessity): 9. Attached is a certificate jurisdiction under the law	(Registered agent.) (Register	nave authority to manage is/a Title or Capacity: Director Director	re: Name and Address: Matthew Talma al having custody of records in the
8. The name, title or cap Title or Capacity: CEO Director (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	(Registered agent.) (Register	nave authority to manage is/a Title or Capacity: Director Director Iy authenticated by the officials in a foreign language, a trail	re: Name and Address: Matthew Talma al having custody of records in the aslation of the certificate under oath aware that any false information
8. The name, title or cap Title or Capacity: CEO Director (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	(Registered agent.) (Register	nave authority to manage is/a Title or Capacity: Director Director Iy authenticated by the officials in a foreign language, a trail	re: Name and Address: Matthew Talma al having custody of records in the instation of the certificate under oath aware that any false information

Typed or printed name of signee

Matthew Houllier

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

DELAWARE, DO HEREBY CERTIFY "CARNIVALMAS, 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-NINTH DAY OF JANUARY, A.D. 2018.



Authentication: 202054883

Date: 01-29-18