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COVER LETTER

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SUBJECT:	PELLECO	ME, LLC	imited Liability Com	vaanv		
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				n to Transact Business in Flori liability company to transact b		
Please return	n all correspondence	concerning this matter to the	following:			
	<u> </u>	NECISSA VINCI	-RAINIS		_ _	
		.Na	me of Person			
PELLECOME, LIC						
PELLECOME, CC Firm/Company						
MI CANFIELD AUE; SUITE A-7 Address						
RANDOLAL, NJ 07869 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further i	nformation concernin	ng this matter, please call:				
<u>n</u>	NECISSA VINI	CI - RAINUS of Contact Person	at (973 Area Code	714-9136 Daytime Telephone Number	er	
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	a check for the follow \$125.00 Filing Fee	ring amount: \$\int(\frac{1}{2}\)\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fe Certified Copy	ee & \$\Bigsigs \$160.00 Filing Fee of Status & Certified		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PELLECOME, U.C. (Name of Foreign Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CORPORATION SERVICE COMPANY Office Address: TALLAHASSEC 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: CEO MEUSSA UINCI - RAINIS I'L CANFIELD AUX: STE A-7 RANDOLPH , NJ 07869 (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) 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. MEUSSA UINCI - RAINS
Typed or printed name of signee

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Delaware The First State

I, JEVFREY W. BULLOCK, SECRETARY OV STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PELLECOME 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 OCTOBER, A.D. 2018.

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Authentication: 203613113

Date: 10-15-18