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TO:

Registration Section

Divi	ision of Corporation	ns							
•	MARTIN CONCE	SSIONS LLC							
SUBJECT:	11 21 22 2							_	
	Name of Limited Liability Company								
		reign Limited Liability Comp d to register the above refer							
Please return	all correspondence of	concerning this matter to the	follow	ing:					
	MARCIN SZV	VANOCH							
Name of Person							_		
MARTIN CONCESSIONS LLC									
Firm/Company								_	
28948 LEWES GEORGETOWN HWY									
	Address								
LEWES, DE 19958									
	City/State and Zip Code							_	
	MARTINCONO	ESSIONS@GMAIL.COM		-					
		E-mail address: (to be use	d for fu	ture annual	report not	ification)		_	
For further in	nformation concerning	g this matter, please call:						201	
MARCIN SZWAJNOCH			302	265-56	62	;; ;;	2019 JUL	一图	
	Name o	of Contact Person	at (Area Code	_) Day	time Telephone		-22	earry a
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314				Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Cee, FL 32301	ing :	PM 4: 26	Tariff
	check for the follow 125,00 Filing Fee	ing amount: \$\Bigsigmu\$\$ \$130.00 Filing Fee & Certificate of Status		155.00 Filin ified Copy	ng Fee &	☐ \$160,00 Fi of Status & C	~		nte

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY.

1. (Name of Fore		Company; must incl	ude "Limited Lia	ibility Company,""L.L.	C.," or "LLC	C.")		
(If name unavailable, enter al Liability Company," "L.L.C. DELAWARE			46-291-568		ate name mu	ist includ	de "Limite	ed
2. (Jurisdiction under the law company is organized) 7/15/19	of which foreign limite	ed liability	·	(FEI number, if app	icable)			
28948 LEWES GEOF		isacted business in 5,0904 & 605,0905	Florida, if prior t , F.S. to determit	o registration.) ne penalty liability)				
LEWES, DE 19958					:	201		
28948 LEWES GEOR 6.	,	t Address of Princi	pal Office)			2019 JUL 22		
LEWES, DE 19958								
		(Mailing Addre	•			PH 4:	ال الله الله الله الله الله الله الله ا	
7. Name and street address		•	ox <u>NOT</u> accep	table)		: 26	-	
Name:	JATIANA C	<u>EBAN</u>						
Office Address:	<u>259 S€</u>	4TH AV	<u>E</u>	_				
		BEACH (City)		Florida <u>33060</u> (Zip co		כנ		
Registered agent's accept having been named as redesignated in this applicate to comply with the provision accept the obligations of the second secon	gistered agent and to tion, I hereby accept ons of all statutes re	t the appointment lative to the prop	t as registered (agent and agree to ac	t in this	ipa ity. am	at th furt. milic	ce zrei h a
	Tal	iana at	acu					
		(Registered a	igent's signature)	-			
8. The name, title or capa MARCIN SZWAJNOCI				•		_	•	
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organiz							
		Signature of an	authorized perso	on				
This document is executed submitted in a document to							nation	

Typed or printed name of signee

MARCIN SZWAJNOCH



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

DELAWARE, DO HEREBY CERTIFY "MARTIN CONCESSIONS 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 TENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARTIN CONCESSIONS LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2013.

Authentication: 203191756

Date: 07-10-19