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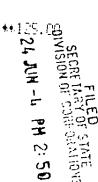
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COVER LETTER

D.C.T.	JARDENIA LLC
ECT:	Same of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificat ove referenced foreign limited liability company to transact business in Flo
return all correspondence concerning this mate	ter to the following:
	Olga Kalyanova
	Name of Person
	The Finkelshteyn Group P.A.
	Firm/Company
	134 S Dixie Hwy., Ste 201
	Address
	Hallandale, FL 33009
	City/State and Zip Code
	olga@tfgcpa.com
E-mail address: (t	to be used for future annual report notification)
rther information concerning this matter, please	c call:
Olga Kalyanova	305 931 9212 at (
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

	JARDENIA LL			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabilit	y Company," "L.L.C.," or "LLC.")	
·		onda, inc	alternate name must include "Limited Liability Company." 99-2176962	Talala or
WYOMING (furisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)	
05/01/2024				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration ne penalty	i.) liability)	
17555 ATLANTIC BI	.VD APT 906	6.	17555 ATLANTIC BLVD APT 906	اله 12
eet Address of Principal Office)	·	U.	(Mailing Address)	王
SUNNY ISL BCH, FL	33160		SUNNY ISL BCH, FL 33160	٢
				I
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT:	icceptable)	Œ
	<u> </u>	***************************************	,	
Name:	ANNA NOVYKOVA		**************************************	
Office Address:	17555 ATLANTIC BLVD APT 906			
	SUNNY ISL BCH		33160 . Florida	
	(Cuy)			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage Jup to six (6) total]: Title or Capacity; Name and Address: Title or Capacity: Name and Address: Name: ANNA NOVYKOVA □Manager Name: Manager Address: _____ ■ Member □Member Address: # 906, SUNNY ISL BCH □ Authorized □ Authorized FLORIDA, 33160 Person Person □Other_____ □Other _____ □Other____ □Other Name: Name: □Manager □Manager Address: ☐ Member Address: □Member ☐ Authorized □ Authorized Person Person Other____ □Other Other____ Other Manager Name: □ Manager Name: _____ □Member Address: Address: ☐ Member □ Authorized □ Authorized Person Person □Other_____ Other__ Other □Other___

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Signature of arranthorized person

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

JARDENIA LLC

is a Limited, Liability Company

formed or qualified under the laws of Wyoming did on **March 19, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001428232**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of April, 2024 at 4:00 PM. This certificate is assigned ID Number 072043825.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.