

FROM
3/7/2017

(TUE)MAR 7 2017 10:22/ST. 10:22/No. 9304918513 P 1
Division of Corporations

Florida Department of State
Division of Corporations
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**Foreign Limited Liability Company
Winged Thistle, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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D. SCOTT
MAR 8 2017

FROM

(TUE) MAR 7 2017 10:23/ST. 10:22/No. 8304918513 P 2

((H17000063250 3)))

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

(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 "LLC.")

2. North Carolina 3. 37-1838418
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 176 Mine Lake Ct. Ste. 100
Raleigh, NC 27615
(Street Address of Principal Office)

6. 176 Mine Lake Ct. Ste. 100
Raleigh, NC 27615
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jeffrey Feinberg, Esq.
Office Address: 4651 Sheridan St. Ste. 200
Hollywood, Florida 33021
(City) (Zip code)

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.

[Signature]
(Registered agent's signature)

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

Pola Inchausti, Manager
660 NW 72nd Ave.
Hollywood, FL 33024

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]
Signature of authorized person

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.

Pola Inchausti
Typed or printed name of signee

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((H17000063250 3)))



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WINGED THISTLE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 16th day of June, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of February, 2017.

Elaine F. Marshall

Secretary of State

Certification# 99775330-1 Reference# 13536403- Page: 1 of 1
Verify this certificate online at <http://www.sosnc.gov/verification>

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