1:48 2004 SEP 28 P SECRETARY OF STATE TAIL AHASSEE, FLORIDA (Requestor's Name) (Address) (Address)

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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

FILED

Registration Section Division of Corporations

TO:

Eximco Consulting, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Maia Sherozia			
(Name of Person)			
Eximco Consulting, LLC			
(Firm/Company)			
380 S. State Road 434, Suite 1004-400, (Address)			
(Address)			
Altamonte Springs, FL 32714 (City/State and Zip Code)			

For further information concerning this matter, please call:

Maia Sherozia at (912) 596-1945

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee	\$130.00 Filing Fee &	□ \$155.00	Filing Fee &	☐ \$160.00 Filing Fee, Certificate
	Certificate of St	atus	Certified Copy	of Status & Certified Copy

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZA TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Surjection under the law of which foreign limited liability 3. 20-1667432 (FEI number, if applicable) company is organized) 5. Perpetua C (Duration: Year limited liability company will cease to 4. March 14, 2003 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 380 S. State Road 434. Suite 1004-400 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Maia Sherozia 380 S. State Road 434, Suite 1004-400 Altamonte Springs, FL 32714 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Retail trade consulting services, export management and related activities 1. Therosta Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Maia Sherotia

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE ZUIU SEP 28 P 1: 48

FILED

SECRETARY OF S PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORITIA STATISTICS UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Eximco Consulting, LLC		
2. The name and the Florida street address of the registered agent and office are:		
Maia Sherozia		
(Name)		
380 S. State Road 434, Suite 1004-400, Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Altamonte Springs, FL 32714 City/State/Zip		
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.		
M-Sherotto (Signature)		

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent **Certified Copy (optional)** \$ 30.00 5.00 Certificate of Status (optional)

Delaware

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXIMCO CONSULTING, 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 AUGUST, A.D. 2004.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 3286945

DATE: 08-10-04

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