

To: The Florida Department of State
Subject: Intrepid

From: Ashley Smith

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

FLORIDA/FOREIGN LIMITED LIABILITY CO.

INTREPID INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
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T. HAMPTON

JUL 24 2008

EXAMINER

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of INTREPID INVESTMENTS, LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

US VIRGIN ISLANDS

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

INTREPID INVESTMENTS USVI, LLC

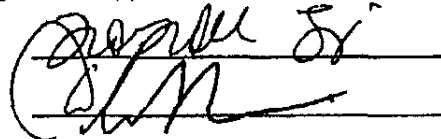
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: JULY 22, 2008

Signature(s) of Manager(s) and/or Managing Member(s):

NIUNIU JI

DALE BAKER



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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. INTREPID INVESTMENTS, LLC

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

INTREPID INVESTMENTS USVI, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. U.S. Virgin Islands

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0694911

(FEI number, if applicable)

4. May 8, 2007

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. Mailing Address: PO Box 7939, St Thomas, VI 00801

Principal Address: 5326 Yacht Haven Grande, Suite 201, St Thomas, VI 00802

(Street Address of Principal Office)

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:

Magdalen Holdings, Inc.

5326 Yacht Haven Grande, Suite 201, St Thomas, VI 00802

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: No business being

transacted - required by bank for account purposes

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.)

Dale S Baker

Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE 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:

Intrepid Investments, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Intrepid Investments USVI, LLC

2. The name and the Florida street address of the registered agent and office are:

CorpDirect Agents, Inc.

(Name)

515 E. Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee,

FL

32301

City/State/Zip

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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.

Katli Wenzel Asst. Sec.

(Signature)

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

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**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

-O-

CHARLOTTE AMALIE, ST. THOMAS, VI 00802

OFFICE OF THE LIEUTENANT GOVERNOR

CERTIFICATE OF EXISTENCE

To Whom These Presents Shall Come:

I, **GREGORY R. FRANCIS**, Lieutenant Governor of the Virgin Islands, do hereby
certify:

That **INTREPID INVESTMENTS, LLC** filed Articles of Organization with the
Office of the Lieutenant Governor on **May 8, 2007** and the Company is duly organized under
the laws of the United States Virgin Islands;

That the duration of this Limited Liability Company is perpetual;

That the company has paid all applicable fees to date; and

That Articles of Termination have not been filed by the company.

In Witness Whereof, I have hereunto set my hand and
affix the seal of the Government of the United States
Virgin Islands, at Charlotte Amalie, this 14th day of July,
A.D. 2008.


GREGORY R. FRANCIS
Lieutenant Governor of the Virgin Islands



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