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SECNETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUP ATX, LLC					
Name of Limited Liability Company					
	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:					
Chris Dunn					
Name of Person					
SUP ATX, LLC					
Firm/Company					
32401 Calle Perfecto					
,	Address				
San Juan Capistrano, CA 92675					
City/State and Zip Code					
sarah@dediegolaw.net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sarah de Diego	310 980-8116				
Name of Person	Area Code & Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Sta	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SUP ATX, 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 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.") 27-0897316 Texas (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 09/04/2009 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 503 SW 2nd Street Cape Coral, FL 33991 (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: Nicholas Matzorkis 2201 Lake Austin Blvd, Austin, Texas 78703 Nicholas Matzorkis 2201 La Joshua Keller 353 3rd Avenue, No. 119, New York, NY 10010 Alan Howe 10755 Scripps Poway Pkwy, #302, San Diego, CA 92131

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.)

Detail Color

11. Nature of business or purposes to be conducted or promoted in Florida:	netali Sales
W. Martin	· · · · · · · · · · · · · · · · · · ·

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. 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.)

Nicholas Matzorkis

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.

SUP ATX	me of the Limited Liability K, LLC	Company is:	
If unavaila	able, the alternate to be used	d in the state of Florida is:	
2. The nar	me and the Florida street ac	ldress of the registered agent and office are	<u> </u>
	NRAI Services, Inc.		
		(Name)	
	515 East Park Aven	iue	E T
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	SSEE SEE
	Tallahassee	32301 FL	GE, FLO
		City/State/Zip	DRIDA
liability con agent and a relating to	mpany at the place designat agree to act in this capacity. the proper and complete per tof my position as registered	at and to accept service of process for the above of in this certificate, I hereby accept the app I further agree to comply with the provision formance of my duties, and I am familiar with agent as provided for in Chapter 608, Flor CES, INC. Jossica Metzger, Assistant Secretary Signature)	pointment as registered ns of all statutes ith and accept the

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



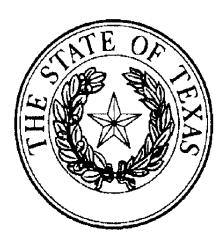
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SUP ATX, LLC (file number 801166837), a Domestic Limited Liability Company (LLC), was filed in this office on September 04, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 20, 2012.



Hope Andrade Secretary of State