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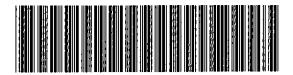
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COVER LETTER

COVER LETTER To: Registration Section Division of Corporations	
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TO: Registration Section	
Division of Corporations	
SUBJECT: JANUS II, 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:	
EDGARDO TORRES CABALLERO	
Name of Person	
JANUS II, LLC	
Firm/Company	
5426 Bay Center Drive, Suite 525	
Address	
TAMPA, FLORIDA 33607	
City/State and Zip Code	
etcaballero@me.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
EDGARDO TORRES CABALLERO at (563) 209 8893	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
Registration Section Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125,00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ \$155,00 Filing Fee \$\times \text{S160.00 Filing Fee, Certificate of Status}\$ \$155,00 Filing Fee \$\times \text{Certified Copy}\$	
Certificate of Status Certified Copy of Status & Certified Copy	

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

S A TO 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:

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(Name of Poreign 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.") 2. DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4 SEPTEMBER 9TH, 2012 PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) **OCTOBER 1, 2012** (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 5426 BAY CENTER DRIVE, SUITE 525 TAMPA FLORIDA 33607 (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: **EDGARDO TORRES CABALLERO** 426 BAY CENTER DRIVE, SUITE 525 TAMPA FLORIDA 33607 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: BUSINESS CONSULTING 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 faces 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.)

EDGARDO TORRES CABALLERO

Typed or printed name of signee

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 nam	e of the Limited Liability	Company is:	
JANUS	II, LLC		
If unavailab	sle, the alternate to be used	d in the state of Florida is:	
2. The nam	e and the Florida street ad	ddress of the registered agent and office are:	
	EDGARDO TORR	RES CABALLERO	
		(Name)	
		TER DRIVE, SUITE 525 reet Address (P.O. Box NOT ACCEPTABLE)	
	TAMPA	FL 33607 City/State/Zip	
liability com agent and ag relating to th	pany at the place designate gree to act in this capacity he proper and complete per of my position as registered \$ 1 \$ 1	nt and to accept service of process for the above state ted in this certificate, I hereby accept the appointment I further agree to comply with the provisions of all rformance of my duties, and I din familiar with and a d agent as provided for in Chapter 608, Florida State ((Signature) 100.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)	nt as registered statutes accept the

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JANUS II 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JANUS II LLC"
WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5220057 8300

121156226

AUTHENTACATION: 9936563

DATE: 10-23-12

tou may verify this dertificate online at corp.delawaro.qov/authver.shtml