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COVER LETTER

	ration Section on of Corporations		
SÙBJECT: _	E	uzor LLC	
SUBJECT: _	Na	me of Limited Liability Company	
The enclosed ". Existence, and	Application by Foreign Limited Liab check are submitted to register the a	ility Company for Authorization to Transact Busin pove referenced foreign limited liability company t	to transact business in Florida
Please return al	l correspondence concerning this ma	tter to the following:	2013 4
	Nia Thomas		JAN 28
	<u> </u>	Name of Person	reference programme
	Euzor LLC		ELECTIVE STA
		Firm/Company	
	2101 Cambridg	e Beltway, Ste 2D	
		Address	
	Charlotte, NC 2	8273	
	***************************************	City/State and Zip Code	
	nia.thomas@eu	zorinvestments.com	
	E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, plea	se call:	
Nia	a Thomas	_{at} 704 302-1982	2
	Name of Person	Area Code & Daytime Telephone Number	
Divisio Regist P.O. B	on of Corporations ration Section Sox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amou	g Fee & □ \$155.00 Filing Fee & ■ \$160.0	0 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 FOREIGH LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1, Euzor LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Euzor 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 charlotte-Mecklenburg, NC 3 20-1628702
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. September 8, 2004 _{5.} none (indefinitely)
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. January 6, 2011
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2201 Collins Ave #610 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Miami, FL 33139
(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:
Nia Thomas; 2201 Collins Ave #610, Miami, FL 33139
Mascot Uzor; 2201 Colliins Ave #610, Miami, FL 33139
Eunice Uzor; 2201 Collins Ave #610, Miami, FL 33139
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: Real Estate Investment

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.)

Nia Thomas

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/RÉGISTERED 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 o	f the Limited Liability Con _C	npany is:			
	the alternate to be used in t	the state of Florida is:			
2. The name a	nd the Florida street addres	ss of the registered agent and office are:	TALLAHAS	2013 JAN 2	market in
	2201 Collins A	(Name) AVE #610 Address (P.O. Box NOT ACCEPTABLE)	ASSOCIATION OF STATE	8 PH 3 12	
	Miami	_{EI} 33139	- Mar -		

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.

City/State/Zip

The 8 (Signature)

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



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

EUZOR LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 8th day of September, 2004, 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.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2013.

6 laine I. Marshall

Secretary of State