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SECTIONARY OF STATE

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COVER LETTER

	ion Section of Corporations			
SUBJECT:	Moose Experience, L	VC ame of Lim	ited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all c	orrespondence concerning this m	atter to the	following:	
	Dan McClure			
_		Na	me of Person	-
	Moose Experience			
_		Fin	rm/Company	E 37 T
_	7303 Marietta A	lve.	<u> </u>	828
			Address	SATO I
-	Sr. LOVIS , MD	63143 City/St	ate and Zip Code	TILEU MISER 28 MIII: 19 SECULLAR SEE, FLORIG
	dan@ moosylvania. E-mail address:	•	•	7
_	E-mail address:	(to be used	for future annual report noti	fication)
For further inform	ation concerning this matter, plea			
7	Dan McClure		at (314) 644	- 1996
	Name of Person	Area	Code & Daytime Telephone	
Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314	Division Registra Clifton 2661 Ex	et ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	
	heck for the following amou 00 Filing Fee \$\square \\$130.00 Filin Certificate o	ng Fee &	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Mose Experience, LU (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 wroconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	itten
2. MISSOVKI 3. 27-3372309	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 09 01 2010 5. PUTELVAL (Duration: Year limited liability company will cease to exist or "perpetual")	7
6. March 4, 2013	M
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 7303 Marierra Avenue St. Louis, MD 63143	, •
(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: Morron (one) 1303 Marietta St. Wig. MD 63143	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction 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.)	ords in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Sales Promotion	
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.)	
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.

If unavailable	e, the alternate	to be used in	the state of Florida is:	.*	THE 28
2. The name	and the Florid	a street addre	ess of the registered agen	at and office are:	SEE FLORE
	Craig	Watson	(Name)		ALE S
	10656	Pictorial Florida Street	Park Drive Address (P.O. Box NOT ACC	CEPTABLE)	
	Tampa		FL City/State/Zip	33647	_

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MOOSE EXPERIENCE, LLC LC1082618

was created under the laws of this State on the 1st day of September, 2010, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 25th day of February, 2013

Secretary of State

Certification Number: 15215766-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp