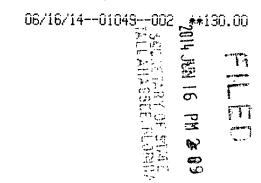
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Jun 1 8 2014				
A. LUNT				

Office Use Only



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COVER LETTER

	Jo	ylabz LLC	
SUBJECT: _	Name of Limited Liability Company		
		d Liability Company for Authorization to Transact Busi the above referenced foreign limited liability company	
Please return al	ll correspondence concerning the	his matter to the following:	
		Todd Eddie	
		Name of Person	
		Vice President, Joylabz	
		Firm/Company	72
	2308 E Mill Plain Blvd		
	· · ·	Address	<u> </u>
	Vancouver, WA 98661		
	**************************************	City/State and Zip Code	
	1	todd@joylabz.com	
	E-mail ac	ddress: (to be used for future annual report notification)	
For further info	ormation concerning this matter	r, please call:	•
7	Fodd Eddie	503 7298426	
	Name of Contact Per	son at () Area Code Daytime Telep	hone Number
Divisi Regist P.O. B	ING ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
		Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00	00 Filing Fee, Certificate atus & Certified Copy

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Joylabz LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include Limited Liability Company," "L.L.C," or "LLC.") 46-0668077 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) **C**D Date of registration (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1060 River St Unit 108 Santa Cruz, CA 95060 (Street Address of Principal Office) 1060 River St Unit 108 Santa Cruz, CA 95060 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jay Silver, CEO Todd Eddie, Vice President 8. 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) Signature of an authorized person (In accordance with section 605.0203, 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.) Jay Silver Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

	THE PROVISIONS OF SECTION 605.0113 or 605.0902 (
	E UNDERSIGNED LIMITED LIABILITY COMPANY SU	
	TATEMENT TO DESIGNATE A REGISTERED OFFICE	<i>;</i> - ; " - "
AGENT IN THE	STATE OF FLORIDA.	
1. The name of	the same	
Joylat		
If unavailable, th	## 9	
ĺ		
The name and	I the Florida street address of the registered agent and office	a ara:
2. The hame and	the Florida sheet address of the registered agent and office	e are.
	Jay Silver	
,		
	(Name)	
	1240 S Atlantic Ave	
	Cocoa Beach S2931	
•	City/State/Zip	

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 605, 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JOYLABZ 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 SIXTH DAY OF JUNE, A.D. 2014.

2814 JAN 16 PM & BS

5186263 8300

140804583

AUTHENTYCATION: 1430704

DATE: 06-06-14

You may verify this certificate online at corp.delaware.gov/authver.shtml