Flord De artinent of the De lisit of Groori ons ect. Le trig certific

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000162296 3)))



H140001622963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

Enter the email address for this business entity to be used for funding annual report mailings. Enter only one email address please.

Email Address:__frankihoppe@gmail.com

200 JUL -8 AM 8:55

RECEIVED
4 JUL-8 AM 6: 40

Foreign Limited Liability Company Pilixo USA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

UNL 0. 9. 2014 U. BRUCE

(((H14000162296 3)))

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

INCOMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<i>FOREIGN LIMITED LIABILITYCOMPANYTO'I</i> 1 Pilixo USA, LLC	TRANSACT BUSINESS IN THE	E STATE OF FLORIDA:		
(Name of Foreign Limited Liability Compar	ny, must include "Limited Liability	Company," "L.L.C.," or "LLC	D.")	_
If name unavailable, enter alternate name adopted for the Liability Company," "L.L.C." or "LLC.")	purpose of transacting business in	Florida. 'Rte alternate name m	nist include "Lir	_ mited
₂ Delaware	_{3.} 47-1163	190		
(Jurisdiction under the law of which foreign limited liab company is organized)	oility	(FEI number, if applicable)		
_{4.} July 3, 2014				
(Date first transacte (See sections 605.0904	ed business in Florida, if prior to reg & 605.0905, F.S. to determine per	ristration.) nalty liability)		-
5. 2840 N. University Drive				
Coral Springs, FL 33065			52 ³	-
•	treet Address of Principal Office)			
_{5.} 4613 N. University Dr, #279	9		學術	
Coral Springs, FL 33067			<u> </u>	_ Promit
	(Mailing Address)			
7. The name, title or capacity and address of	of the person(s) who has/h	ave authority to manag	···	
Tim McMullen Manager			S 55	_
Gerald Blackie Manager				
				_
B. Attached is an original certificate of exist naving custody of records in the jurisdiction acceptable. If the certificate is in a foreign lamust be submitted)	n under the law of which it	is organized. (A photo	copy is not	
- GAPA	d			
Fign In accordance with section 605.0203, F.S., the execution of this m aware that any false information submitted in a document to the	nature of an authorized per- document constitutes an affirmation un- the Department of State constitutes a thi	nder the penalties of perjury that the	ne facts stated here n s 817.155, F.S.)	ein are true.)
Gerald Blacki	е			
Typed	or printed name of signee			

(((H14000162296 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWINGSTATEMENT TO DESIGNATE AREGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Li	ability Company is:			
If unavailable, the alternate to	be used in the state of Florida is:			
2. The name and the Florida st	reet address of the registered agent and office are:	T. A. C.	2014 J	1 %
Gerald I	Blackie) JUL	7.0
	(Name)		8 AM	
801 Brid	kell Key Blvd, Suite 1404	A S	ထဲ TE	
FI	orida Street Address (P.O. Box NOT ACCEPTABLE)		55	,
Miami	_{FL} 33131			
	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)

(((H140001622963)))

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PILIXO USA, 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 SEVENTH DAY OF JULY, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILIXO USA, LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2014.

2011 JUL -8 AH 8: 55

5548832 8300

140924617

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

AUTHENTY CATION: 1513102

DATE: 07-07-14

(((H140001622963)))