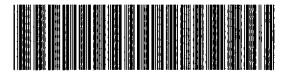
M14000005523

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer: .	





700262356257

08/04/14--01024--018 **62.50

08/04/14--01024--019 **62.50

14 AUG - 4 PM 22 43

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MOKARRAN PROPERTIES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 8, 2014, and is in good standing in this state.

office on July 29, 2014.

Electronic Certificate Certificate Number: C20140729-3026 You may verify this electronic certificate online at http://www.nvsos.gov/

ROSS MILLER Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

> Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

`,				
то:	Registration Section Division of Corporations			
SUBJE	CCT:	Mokanna Name of Limited	w Page esties, Liability Company	WC
The end Existen	closed "Application by Foreignee, and check are submitted	gn Limited Liability Comp o register the above refere	any for Authorization to Tran need foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida
Please	return all correspondence cor	ncerning this matter to the t	following:	
		Robe	me of Person	
	<u> </u>	Na	me of Person	
		Mokana	n Properti	es, LLC
		Fir	n/Company	•
		1114 8	CW 19th St.	······································
			Address	
		Ft LAND	edale, Fl 333 ale and Zip Code	2/5
·.		_		
		E-mail address: (to be used	2 a gmal L. for future annual report notifica	com
For fur	ther information concerning	this matter, please call:		
	Bobers	L Contrar	at (7/4) 34.	3.084/
	Name of	Contact Person	Area Code Day	time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisior Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ution Section Building secutive Center Circle ssee, FL 32301	
Enclo	osed is a check for the fo \$125.00 Filing Fee	llowing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$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

(Name of Fore	KARPAN Properties (LC) eign Limited Liability Company," "LLC" of	r "LLC.")
name unavailable, enter a ability Company." "L.L.C	alternate name adopted for the purpose of transacting business in Florida. The alternate in C." or "LLC.")	ame must include "Limited
NEV	AOA w of which foreign limited liability 3. (FEI number, if applie	
company is organized)	w of which foreign infinited hability (FEI number, if applic	аотеј
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	Eun L
	1114 Sw 19th St.	
	C 1 1 1 1 1 1 28215	
	Fort Lawredge FL 33315 (Street Address of Principal Office)	- 10.7 (7.7)
		元 星
	and the second s	<u> </u>
		mark to the same
	(Mpiling Address)	
	(Mailing Address)	<u> </u>
	or capacity and address of the person(s) who has/have authority to n	_
	or capacity and address of the person(s) who has/have authority to n	_
Robert C	or capacity and address of the person(s) who has/have authority to n	+ Lausendale Fl
Robert C	or capacity and address of the person(s) who has/have authority to n	+ Lausendale Fl
Robert C	or capacity and address of the person(s) who has/have authority to n	+ Lausendale Fl
Bobert C Magio Di	er capacity and address of the person(s) who has/have authority to n Etron Managen 1114 Sw 19th St. A. Durant Managen 1615 Sw 25th St. Pt La	t Lause dale Pl ?
Robert C Mario Di . Attached is an orig	er capacity and address of the person(s) who has/have authority to note that the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the second a	t Lause dale Pl 3 ruse oble, Fl 33 nticated by the official
ROBERT CO	ginal certificate of existence, no more than 90 days old, duly author of capacity and address of the person(s) who has/have authority to not the person of t	t Launcedale Pl 3 reservele, Fl 33 nticated by the official photocopy is not
Attached is an origaving custody of receptable. If the cer	er capacity and address of the person(s) who has/have authority to note that the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the person(s) who has/have authority to note that Succeeding the second address of the second a	t Launcedale Pl 3 reservele, Fl 33 nticated by the official photocopy is not
Attached is an originating custody of receptable. If the cer	ginal certificate of existence, no more than 90 days old, duly author of capacity and address of the person(s) who has/have authority to not the person of t	t Launcedale Pl 3 reservele, Fl 33 nticated by the official photocopy is not
Attached is an origaving custody of receptable. If the cer	ginal certificate of existence, no more than 90 days old, duly author of capacity and address of the person(s) who has/have authority to not the person of t	t Launcedale Pl 3 reservele, Fl 33 nticated by the official photocopy is not
Attached is an originating custody of receptable. If the cerust be submitted)	recapacity and address of the person(s) who has/have authority to new from Manager 1114 Sw 19th St. R. R. Want Manager 1615 Sw 15th St. Pt Landers of existence, no more than 90 days old, duly authorizeds in the jurisdiction under the law of which it is organized. (A stificate is in a foreign language, a translation of the certificate under the law of which it is organized. (A stificate is in a foreign language, a translation of the certificate under the law of which it is organized.	t Launcedale fl 2 reveredele, Fl 33 nticated by the official photocopy is not er oath of the translator
Attached is an originating custody of receptable. If the certainst be submitted)	recapacity and address of the person(s) who has/have authority to new from Manager 1114 Sw 19th St. A. Rough Manager 1415 Sw 45th St. Pt Landers of existence, no more than 90 days old, duly authority cords in the jurisdiction under the law of which it is organized. (A ratificate is in a foreign language, a translation of the certificate under the law of which it is organized.	t Launcedale fl 2 reverede, Fl 33 nticated by the official photocopy is not er oath of the translator
Attached is an originating custody of receptable. If the certainst be submitted)	corcapacity and address of the person(s) who has/have authority to note that the person of the person of the person of this document constitutes an affirmation under the penalties of periods.	t Launcedale fl 2 reverede, Fl 33 nticated by the official photocopy is not er oath of the translator

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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Company is: Mokanow Proportion LLC		
If unavailable,	the alternate to be used in the state of Florida is:		_
2. The name a	and the Florida street address of the registered agent and office are:		
	Nugent & Ground, LLC		
	Robert Capro	5.1	
	(Name)		
	2455 E. Sunrise Blvd. Suite 807		(T)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- <i>1</i> 24	1-
		Ç**,	
	Fort Lauderdale, _{FL} 33304	£	13
	City/State/Zip	32	C1 :21 !!!
			C)
liability compo registered age statutes relativ	amed as registered agent and to accept service of process for the above any at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the page to the proper and complete performance of my duties, and I am familiagations of my position as registered agent as provided for in Chapter 60 (Signaphre)	ment as rovisions of ar with and	
	\$ 100.00 Filing Fee for Application		
	\$ 25.00 Designation of Registered Agent		

\$ 30.00

5.00

Certified Copy (optional)

Certificate of Status (optional)