## M14000007182

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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800263258398

09/29/14--01002--014 \*\*130.00

SECRETARY OF SIMIL

#### **COVER LETTER**

Division of Corporate			
SUBJECT:	- ChNO BRAIN	1 LLC	
	Name of Limit	ted Liability Company	
The enclosed "Application by Existence, and check are subm	Foreign Limited Liability Con nitted to register the above refe	npany for Authorization to Tra crenced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondent	ce concerning this matter to th	e following:	
	( LINTON	CUNIVA	
	]	Name of Person	
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	Irchun Ben	W/110	
	JUNIO IZMA	Firm/Company	
		·	
1	1. NAME OF THE	WALL	
		Address	<del></del>
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Nou	ARL, DE	19711	<u> </u>
$\sim$	City/	State and Zip Code	
	7/11/		L. Can
	F-mail address: (to be us	ed for future annual report notific	
		ed for fatare minage report from te	
For further information concern	ming this matter, please call:		
		- A	7
( /IM	Luny	at(302)	3-0609 (m)
Nan	me of Contact Person	Area Code Da	ytime Telephone Number
MAILING ADDRES	SS: STRE	EET ADDRESS:	
Division of Corporati		on of Corporations	
Registration Section		ration Section	
P.O. Box 6327 Tallahassee, FL 3231		n Building Executive Center Circle	
Tananassee, TE 3231		assee, FL 32301	
Englosed is a sheek for th	na fallausina amaunti		
Enclosed is a check for th  □ \$125.00 Filing Fee		☐ \$155.00 Filing Fee &	□ \$160.00 Filing Fee, Certificate
+	Certificate of Status	Certified Copy	of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF F	
	'LOKIDA:
1. / ChNO   DRAIN LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.	C.," or "LLC.")
-N.A	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name adopted for the purpose of transacting business in Florida.	rnate name must include "Limited
Liability Company," "L.L.C," or "LLC.")	
2. (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if	/6/
company is organized)	Таррисавіе)
4. UECon 6a 31, 2013  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. Delaware Technology Dach	
/	
1 Innovation Way Nousch, DE Steet Address of Principal Office)	197/1
(Street Address of Principal Office)	•
6. <u>Sane</u>	
(Mailing Address)	Eu _
7. The name, title or capacity and address of the person(s) who has/have authority	to manageris/ace
CLINTON CUNY - Director USA	S = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =
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	P. P
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	<del></del>
8. Attached is an original certificate of existence, no more than 90 days old, duly a	uthenticated by the official
having custody of records in the jurisdiction under the law of which it is organized	
acceptable. If the certificate is in a foreign language, a translation of the certificate	ander oath of the translator
must be submitted)	<i>)</i>
	~
eap !. way	
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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as	I perjury that the facts stated herein are true. s provided for in s.817.155, F.S.)
$\Omega I = D$	
Typed or printed name of signee	

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "TECHNO BRAIN 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2014.

14 SEP 29 PM 4: 34
SECREMARY OF STATE
JALLAHASSEE, FLORIDA

4773441 8300

141192892

AUTHENTY CATION: 1714356

DATE: 09-19-14

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

## 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 the Limited Liability Company is:			
TECHNO BRAIN LLC			
If unavailable, the alternate to be used in the state of Florida is:			
	<del></del>	· <u>-</u>	· ·· ·
2. The name and the Florida street address of the registered agent and office are:			
CLINTON CONY			
349 Tope Wings Are	SECH	14 SI	. ,5
Florida Street Address (P.O. Box NOT ACCEPTABLE)	JSSAN Y	EP 29 F	Stantas Auress Tringing
City/State/Zip	OF STATE	PH 4: 34	\$ 7 7
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the	ointmen	it as	
statutes relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapter	niliar w	ith and	1
Statutes.  (Signature)	ŕ		
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent			
\$ 30.00 Certified Copy (optional)			

5.00

**Certificate of Status (optional)**