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T. HAMPTON

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Hying Lions LCC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:  Name of Person
Firm/Company
14721 SW 116 Th AVE
Miaryi I/A 33/76 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Ash 10   Ash 25   at (786)   405 - 2788     Name of Contact Person   Area Code   Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sigma \\$125.00 \text{ Filing Fee} \square \square \\$130.00 \text{ Filing Fee & Certificate of Status} \square \square \text{Certified Copy} \square \square \text{S160.00 \text{ Filing Fee, Certificate of Status & 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:
1. The Hying Lions LCC.
(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. The alternate name must include "Limited
Liability Company," "L.L.C." or "LLC.")
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 14267 sw 126th p/ Minni, F/a 33186
(Street Address of Principal Office)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Frashio D. Harris Manager 14267 sw 126 pl
Minni, 4/4 33186
Dyrushio T. Harris Manager 14721 sw 116th aux Miami Fla 33.
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.)
Typed or printed name of signee

#### 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	e Limited Liability Comp	oany is:		
The	Hyina Li	ions LL	<u>C.</u>	
If unavailable, the	alternate to be used in th	e state of Florida is:		
2. The name and the	he Florida street address	of the registered agen	at and office are:	
	Ellon 5-	(Name)		
	/6 42 1 らい Florida Street Ad	179 Th 81		
		City/State/Zip	<u> </u>	_
liability company a registered agent an statutes relating to	d as registered agent and t the place designated in id agree to act in this cap the proper and complete ons of my position as regi	this certificate, I hereb acity. I further agree t performance of my du	by accept the appoi to comply with the ties, and I am fami	ntment as provisions of all liar with and
	(Sign	ature)		15 SE
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	\$ 30.00		•	

5.00

Certificate of Status (optional)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, THE FLYING LIONS 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 December 30, 2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 12, 2015.

Barbara K. Cegarske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150212-0781
You may verify this electronic certificate
online at http://www.nvsos.gov/