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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

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D	
Date: 05/12/2015	Account #: I20000000088
Name: Michelle Walker	
Reference #: G018887	
ENTITY NAME: DRA ENTERPRISES, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	A T
Fictitious Name	A Section 1
Other: Certified copy	SSEE 2
Authorized Amount: \$155  Signature: Michelle Walker	
Signature: Michelle Walker	

### **COVER LETTER**

то:	Registration Section Division of Corporation	ns				
SUBJE	DRA Enterprises, I	LC				
		Name of	Limited Liability Compan	у	•	
The end Existen	closed "Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authorization to Tenced foreign limited liabi	Fransact Business in Florida,' lity company to transact busin	'Certificate ness in Flori	of ida
Please i	eturn all correspondence	concerning this matter to the	following:			
	_Denis	se Thompson	ame of Person			
		/ N	ame of Person			
	Bingha	m Greenepai	um Doll LL, irm/Company	Ρ		
firm/Company						
	2700	Market Towe	es, 10 W. Ma	what Street		
			Address			
	Inde	enopelis, IN	46204	· ·	<b>22</b>	
		City/S	tate and Zip Code	## 변화	<b>3 3 3</b>	
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	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future annual report n	otification)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
For furt	her information concerning	g this matter, please call:		ក្សិត ធានី <u>ព</u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			at ( )	<u> </u>	3 = =	
	Name o	of Contact Person	······································	aytime Telephone Number	· 🙃	
	MAILING ADDRESS:		STREE	ET ADDRESS:		
	Division of Corporations		Divisio	n of Corporations		
	Registration Section P.O. Box 6327			ation Section Building		
	Tallahassee, FL 32314		2661 E	xecutive Center Circle ssee, FL 32301		
Enclose	d is a check for the follow	ing amount:				
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION GOLONIX, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DRA Enterprises, LLC (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.I.,C," or "I.J.C.") 2. Indiana (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability cumpany is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 650 Campus Street, #309 Celebration, FL 34747 (Street Address of Principal Office) Same as above. (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: David R. Allen, Sole Member 650 Campus Street, #309 Celebration, FL 34747 9. Attached is a 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. (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.)

David R. Allen, Sole Member
Typed or printed name of signee

# STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### DRA ENTERPRISES, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 08, 2015, and was in existence or authorized to transact business in the State of Indiana on May 12, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of May, 2015.

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Connie Lawson, Secretary of State

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