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SECRETARY OF STATE

MAY 2 1 2015

T. HAMPTON

COVER LETTER

Division of C				
OFTE THE OFF	ultants, LLC			
Name of Limited Liability Company				
	tion by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of re submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please return all corres	pondence concerning this matter to the following:			
Seie	d (Zia) Yasrobi			
	Name of Person			
Y2 (Consultants, LLC			
Firm/Company				
PO	Box 2674			
	Address			
Jack	son, WY 83001			
	City/State and Zip Code			
zia@y	r2consultants.com			
	E-mail address: (to be used for future annual report notification)			
For further information	n concerning this matter, please call:			
Zia Yasrobi	307 733-2999 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
MAILING A Division of C Registration S P.O. Box 632 Tallahassee, I	orporations Division of Corporations Section Registration Section Clifton Building			
Enclosed is a check fo ☐ \$125.00 F	the following amount: ling Fee			

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:

Y2 Engineering LLC (If name unavailable, enter al Liability Company,""LLC,	eign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or	"LLC.")
Y2 Engineering LLC (If name unavailable, enter al Liability Company,""LLC,	eign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,			
Liability Company," "L.L.C,			
	· · · · · · · · · · · · · · · · · · ·		ne must include "Limited
2. Wyoming	3. 27-20484	496	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	*
4. April 2015			=
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to dete	rior to registration.) crmine penalty liability)	
5. 215 East Simpson		<u> </u>	_
Jackson, WY 83001			—
DO D 2024	(Street Address of Principal Office)		PS 5
6. PO Box 2674			
Jackson, WY 83001			23 23
· · · · · · · · · · · · · · · · · · ·	(Mailing Address)		
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT ac	ccentable)	PHIZ: 3
7. Name and street address		eceptable)	1707 K
Name:	Andrew Mann - Mann and Wolf LLP		2 3 3 m
Office Address:	4300 North University Drive Suite C203		DA
	Sunrise	, Florida <u>33351</u>	
	(City)	(Zip code)	_
this application, I hereby	gistered agent and to accept service of process f accept the appointment as registered agent and statutes relative to the proper and complete perf	agree to act in this capacity. I jormance of my duties, and I an	further agree to comply
8. The name, title or capa	acity and address of the person(s) who has/have a	uthority to manage is/are:	
·	d (Zia) Yasrobi - Owners/Managers	, ,	
PO Box 2674	· · · · · · · · · · · · · · · · · · ·	-	
Jackson, WY 83001			
	of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a fubmitted) Signature of an authorized p	foreign language, a translation o	

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Brenda Younkin

(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

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

ss.

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Y2 Consultants, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 11, 2010**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2010-000581521**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of April, 2015 at 2:48 PM.



Secretary of State

Jessica Cockrell