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<u></u>	::To:					

Division of Corporations

Fax Number

: (850)617-6381

Account Name

: VCORP SERVICES, LLC

Account Number : 120080000067

Phone Fax Number : (845)425-0077 : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*\*

Email Ad	ddroce:		
EWATT WI	uuress:		

## Foreign Limited Liability Company Bla bla bla, LLC

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMBILITY COMPANY TO TRAINSING BUSINESS IN THE STATE OF PLORIDA:

, Bia bin bia, LLC	THE TELESCEPT OF THE STATE OF T		
	cign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," o	r"(,t,C,")
(If name unavailable, enter at Liability Company," "L.L.C.	iternate name adopted for the purpose of transacting but or "LLC.")	siness in Florido, The alternate na	me must include "Limited
2. New York	3		
(Jurisdiction under the law company is organized)	of which foreign limited limbility	(FEI number, if applicable	2)
4	Buts limit semenated husiness in Blookla Stice	are to menintmedies.	_
5. 39 Ainslie Street	(Dute first transacted husiness in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to dute	mine pendty liability)	_
Brooklyn, NY 11211		•	,
2.74274	(Street Address of Principal Office)		<del></del>
6. 39 Ainslie Street			_ <b>2</b>
Brooklyn, NY 11211			
	(Mailing Address)		- 7
7 Normanud stunes californi	- CDloride venistered some (D.O. Boy NOT on	annenfelm)	5 5 F
7. Name and sucer address	ss of Plorida registered agent: (P.O. Box NOT ac	ceptaole)	
Name: .	VCORP SERVICES, LLC	W	
Office Address:	5011 SOUTH STATE ROAD 7, SUITE 106	<del></del>	
	DAVIE	, Florida	
Registered agent's accep	(City)	(Zip ende)	_
this application, I hereby with the provisions of all:	gistered agent and to accept service of process for accept the appointment as registered agant and a statutes relative to the proper and complete perfolition as registered agent.	gree to act in this capacity. I rmance of my duties, and I or	further agree to comply
	(Registered agent's signat	ure)	
8. The name, title or caps Tiing Dohrmann, Authoris	ncity and address of the person(s) who has/have at zed Representative	thority to manage is/are:	
39 Ainslie Street			
Brooklyn, NY 11211			
9. Attached is a certificate jurisdiction under the law of the translator must be se	of existence, no more than 90 days old, duly author of which it is organized. (If the certificate is in a flubmitted)  Little Library  Signature of an authorized power	enticated by the official baving oreign language, a translation o	custody of records in the of the certificate under oath
(In-accordance with sectio the facts stated herein are t degree felony as provided	n 605,0203, F.S., the execution of this document of the document of the first and the false information submitted in s.817.155, F.S.)	constitutes an affirmation under ad in a document to the Depar	r the penalties or perjury mat tment of State constitutes a thi
•	Tiina Dohrmanu,		
•	Typed or printed name of sig	neu	_

## State of New York Department of State } ss:

I hereby certify, that BLA BLA BLA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/01/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



201506020430 \* HD

Witness my hand and the official seal of the Department of State at the City of Albany, this 01st day of June two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State