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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

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**Foreign Limited Liability Company
Hayats LLC**

Certificate of Status	0
Certified Copy	0
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2015 SEP 17 AM 11:55

FILED

K. SALLY
EXAMINER
SEP 18 2015

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. Hayats LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Hayats - VA 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. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A
(FBI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 211 Falkirk Ct, Fredericksburg, VA 22406
(Street Address of Principal Office)
6. 211 Falkirk Ct, Fredericksburg, VA 22406
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Northwest Registered Agent LLC
Office Address: 3030 N. Rocky Point Drive, Suite 150A
Tampa, Florida 33607
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Tom Glover
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ROHULLAH ABDI, Member, 211 Falkirk Ct, Fredericksburg, VA 22406

ABDULLAH ABDI, Member, 211 Falkirk Ct, Fredericksburg, VA 22406

FAHIM ABDI, Member, 211 Falkirk Ct, Fredericksburg, VA 22406

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)

Tom Glover
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Tom Glover

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Hayats LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 24, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
September 10, 2015*

Joel H. Peck

Joel H. Peck, Clerk of the Commission

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