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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC.
	Account Number : 120090000081
	Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future used for
: 06	Email Address:
SEP 23 AH 8:	Foreign Limited Liability Company AARFID LLC
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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. AARFID LLC

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(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")

New York	# "LI.C.")	or animoson of our in	ess in Pionda.		ne must include "Limited
	· · · · · · · · ·	3. <u>n/a</u>			
(Jurisdiction under the law of company is organized)	which foreign limited liability	3	(FEI numb	per, if applicable)
Upon Qualification					
·	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior	to registration.)) ility)	-
. 13480 NW 4th St. #102	Pembroke Pines FL 33028	69999, 1.10. to downin	ne pennity men		
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	(Street Address of P	rincipal Office)			
13480 NW 4th St. #102 1	Pembroke Pines FL 33028				
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, 	(Mailing A	(dress)	· · · ·		- Est à
					3 AM ID: 32 SSEE, FLORIE
. Name and street address	of Florida registered agent: (P.	_	ptable)		9
Name:	REGISTERED AGENTS I	<u>NC.</u>			
Office Address:	3030 N. Rocky Point D	rive, STE 150A			
	TAMPA		, Florida _	33607	
laving been named as reg	stered agent and to accept serv				
Having been named as reg his application, I hereby a with the provisions of all st	stered agent and to accept serv ccept the appointment as regist stutes relative to the proper and	ered agent and agr d complete perform	ree to act in th nance of my t	ed corporation his capacity. I luties, and I an	further agree to comply n familiar with and accept
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his application, I hereby a with the provisions of all st he obligations of my positi 8. The name, title or capac Charles (Chad) Carpenter, 9. Attached is a certificate of	stered agent and to accept serv coept the appointment as regist intutes relative to the proper and on as registered agent (Registered agent ity and address of the person(8) Member, 13480 NW 4th St. #10 f existence, no more than 90 day which it is organized. (If the committed)	ered agent and agr d complete perform Bill Havre ered agent's signature who has/have autho 2 Pembroke Pines ys old, duly authenti crtificate is in a fore	ree to act in the mance of my of /Assistant c) ority to manager FL 33028	ed corporation his capacity. I luties, and I an Secretary/ ge is/are: official having	further agree to comply n familiar with and accept Registered Agents Inc
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State of New York Department of State } ss:

I hereby certify, that AARFID LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/21/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201509220559 + MG

Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of September two thousand and fifteen.

Autory Sindine

Anthony Giardina Executive Deputy Secretary of State

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