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APPLICATION BY FO	Dreign Limited Llab	ILITY COMPANY FO IN FLORIDA	R AUTHORIZATION	TO TRANSACT	BUSINESS
INCOMPLENCE WITH ECC COMPANY TO TRANSMETER	TION 600 (EO), FLORIDA STAT ISINESS IN THE STATE OF FLO	· # VIES THE FOLLOWING !	S SEMITED TO REGIST	ERA <i>FOREI</i> CN LBI	A THEOLOGY
INCRUISES, LIC	•	•			
(Name of For	ergn Limited Liability Company	7: must include "Limited L	ability Company, L.L.C	."or 11.0:)	
N/A					
Liability Company." T.L.C.	iternate name adopted for the pro- or "LLC,")	mbose of transactive pareit	ess in Florida. The alternal	e name must include	"Limited
2. De		3. 47-4874034			
company is organized)	of which to reign limited liablin	iy	(FEI number, if applications)	iable)	
4. Upon Qualification		•	· · · · · · · · · · · · · · · · · · ·		
5 2300 West 84th Street		rusmess in Florida, if prior c 605.0905, F.S. to determ	ne pënary liability)		
Hialaah Fl 33016					
runeau, ri 33010	(Street Addres	ss-of Principal Office)			
6. same as above					
	(ME	ling Address)		Paris .	- Burner
7. Name and street address	<u>ss</u> of Florida registered agent	t (P.O. Box NOT acce	ptoble)	13 5	å å omendere og
Name:	Michael Hunchison		· 	\mathbb{G}^{n}	***************************************
Office Address:	2300 West 84th Street Stri	te 315		D A	
	Hisleah		Florida 33016	<u> </u>	C
77	(Cit	7)	(Zip code		
designated in this applica- to complywith the provisi	gistered agent and to acception, I hereby accept the ap- ons of all statutes relative to my position as registered ag	pointment as registered o the proper and comple	agent and agree to act its performance of my d	in this capacity. If	further agree
8. The name, title or caps	unity and address of the perso	on(s) who has/have auth	ority to manage is/are:		
Michael Hutchison, Presid	dent/Oeo			-	
2300 West 84th Street, Str	rite 315				
Hialeah, Fl 33016					
9. Attached is a certificate jurisdiction under the law of the translator must be sa	of existence, no more than 9 of which it is organized. (If t sbmitted)	00 days old, duly anthen the certificate is in a fore	icated by the official having language, a translati	ving custody of rece on of the certificate	ords in the under oath
	Michael	Authorized pers			
	Sign	ature of an authorized pers	6 2		
This document is executed submitted in a document to	in accordance with section of the Department of State con	505.0203 (i) (b), Florida Istitutes a third degree fe	Statutes. I am aware that lony as provided for in s	t sny felse informat .817.155, F.S.	ion
	Michael Hutchison		•		

Typed or printed name of rigner

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INCRUISES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5809499 8300 SR# 20151112162

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Date: 11-30-15