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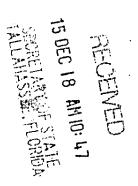
### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2015

JEREMY BEAGLE PO BOX 8673 DELRAY BEACH, FL 33482

SUBJECT: THE AMARANTHINE DESIGN LLC

Ref. Number: W15000073229



We have received your document for THE AMARANTHINE DESIGN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 315A00023492

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TAIL SHARKET TO ASSET

## **COVER LETTER**

TO:

| TO:     | Registration Section Division of Corporations  |       |
|---------|--|-------|
| SUBJI   | The Amaranthine Design LLC   |       |
| SUBJE   | Name of Limited Liability Company  |       |
|         | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifice, and check are submitted to register the above referenced foreign limited liability company to transact business in F     |       |
| Please  | eturn all correspondence concerning this matter to the following:  |       |
|         | Jeremy Beagle  |       |
|         | Name of Person   |       |
|         | The Amaranthine Design LLC   |       |
|         | Firm/Company   |       |
| ,       | PO BOX 8673  |       |
|         | Address  |       |
|         | Delray Beach, FL 33482   |       |
|         | City/State and Zip Code  |       |
|         | jeremy.beagle@snocups.com  |       |
|         | E-mail address: (to be used for future annual report notification)   |       |
| For fur | ner information concerning this matter, please call:   |       |
|         | Jeremy Beagle 561 891-1796   | -11   |
|         | Name of Contact Person Area Code Daytime Telephone Number  | =     |
| ,       | MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301 | FILED |
| Enclose | I is a check for the following amount:  I \$125.00 Filing Fee \$ \$130.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy  | e     |

# 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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| naving custody of records in<br>tion of the certificate under                               |
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Typed or printed name of signee

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT

COPIES OF ALL DOCUMENTS ON FILE OF "THE AMARANTHINE DESIGN LLC"

AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE FIFTH DAY OF OCTOBER,
A.D. 2015, AT 2:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "THE AMARANTHINE DESIGN

LLC".

15 OCT 30 PN 12: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication: 10563899

Date: 12-07-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:23 PM 10/05/2015
FILED 02:23 PM 10/05/2015
SR 20150384242 - File Number 5849659

# STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

| First: The name of the lifthe Amaranthine De  | mited liability company isesign ###   | -         |        |
|---|---|-----------|--------|
| Second: The address of it<br>8 THE GREEN, STE | is registered office in the State of Delaware is in the City of DOVER   |           |        |
| Zip code 19901                                | The name of its Registered agent at such address is   |           |        |
| A Registered Agen                             | t INC.  |           |        |
|   | F.S.  | 5         |        |
|   | th only if the company is to have a specific effective date of the on which the limited liability company is to dissolve is") | OCT 30    |        |
|   | matters the members determine to include herein.)   | PM 12: 43 | $\Box$ |
| In Witness Whereof, the                       | undersigned have executed this Certificate of Formation this  |           |        |
| <u>5th</u> day of <u>O</u>                    | By: Querry Bengle Authorized Person (s)  Name: Jeremy Bengle  |           |        |