

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE FAULKNER FIRM, P.A.
Account Number : I20150000064
Phone : (727)781-7428
Fax Number : (727)214-2814

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

Email Address: debbie@thefaulknerfirm.com

**Foreign Limited Liability Company
Send Holdings, LLC**

Certificate of Status	0
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16 FEB -8 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/8/16

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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. SEND HOLDINGS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. MONTANA

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 47-4351489

(FEI number, if applicable)

4. Not Applicable

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 121 Wisconsin Avenue, Suite 101

Whitefish, Montana 59937

(Street Address of Principal Office)

6. 121 Wisconsin Avenue, Suite 101

Whitefish, Montana 59937

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

The Faulkner Firm, P.A.

Office Address:

3106 Alt. US 19 N., Suite B

Palm Harbor

(City)

Florida 34683

(Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

(Registered agent's signature)

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

Christopher Dufala, 3439 Northridge Drive, Clearwater, Florida 33761

MGR

Nicole Dufala, 3439 Northridge Drive, Clearwater, Florida 33761

AMBR

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)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that
the facts stated herein are true. 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.)

CHRISTOPHER DUFALA, Manager

Typed or printed name of signee

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SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

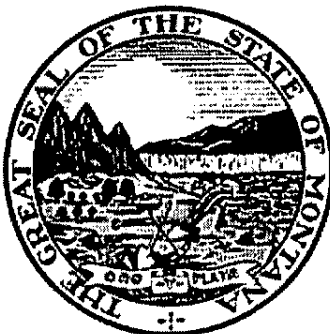
SEND HOLDINGS, LLC

duly filed its Articles of Organization in this office on 15 May 2015, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 3 February 2016 .

LINDA MCCULLOCH
Secretary of State

Certified File Number: C262089

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