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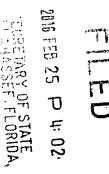
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COVER LETTER

TO: Registration Section Division of Corporatio	ns		
SUBJECT:S Teven	Williams C Name of	nierprise Limited Liability Company	LC
			ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
Stev	en William	९	
	N	ame of Person	
	wen Williams	& Euterpris	se LLC
	F	irm/Company	
15-20	Liverpool 8	7.	
	·	Address	
Jamai	ca You York City/S	tate and Zip Code	
SWEn	E-mail address: (to be use	mail-Com d for future annual report no	otification)
For further information concerning	g this matter, please call:		
	lrams of Contact Person	at (<u>7/8</u>) <u>53</u> Area Code Da	2-6649 ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		Division	T ADDRESS: of Corporations tion Section Building
Tallahassee, FL 32314		2661 Ex	ecutive Center Circle see, FL 32301
Enclosed is a check for the follow	ving amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Company, "LLC," or "LLC." or "LLC." or "LLC." or "LLC." or "LLC." (FEI number, if applicable) (I) Urisdiction under the few of which foreign limited hability (Gese excitons 605 9094 & 605.0905, F.S. to determine penalty liability) (See sections 605 9094 & 605.0905, F.S. to determine penalty liability) (Surved Address of Principal Office) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Name and street address of Florida registered agent: (R.Q. Box NOT acceptable) Name: Office Address: 2422 Regent Way (City) (City) (City) (City) (Registered agent's acceptance: Individual company at the place assignated in this appointment as registered agent and agree to act in this capacity. I further agree o complyinith the provisions of all statutes relating by the proper and complete performance of my duties, and I am familiar with ana occept the obligations of my position as registered agent agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steven Will gans, Owner Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the arisdiction 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	1. Steven Williams Enterprise L.C. (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"	
(See sections 60.5.0904 & 605.0905, F.S. to determine penalty liability) (See sections 60.5.0904 & 605.0905, F.S. to determine penalty liability) (See sections 60.5.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) Some as above (Mailing Address) (Mailing Address) (Mailing Address) Name: Office Address: 2422 Regent Way (City) (Liability Company," "L.L.C," or "LLC.")	
Orlands FL. 32837 (Street Address of Principal Office) Same as above (Mailing Address) (Mailing Address of Porices Andress (Mailing Address) (Mailing Address)	2. You York 3. 90-0936296 (Jurisdiction under the low of which foreign limited liability company is organized) (FEI number, if applicable)	
Orlands FL. 32837 (Street Address of Principal Office) Same as above (Mailing Address) (Mailing Address of Porices Andress (Mailing Address) (Mailing Address)	4. ************************************	
Orlands FL. 32837 (Street Address of Principal Office) Same as above (Mailing Address) (Mailing Address of Porices Andress (Mailing Address) (Mailing Address)	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
(Mailing Address) Name: (Mailing Address) (Mailing Address) Name: (Mailing Address) (Civ) (Zip code) (Zi	5. 12538 BraxTed Drive	
(Mailing Address) Name: (Mailing Address) (Mailing Address) Name: (Mailing Address) (Civ) (Zip code) (Zi	0-landa F1. 32.037	
(Mailing Address) Name: (Mailing Address) (Mailing Address) Name: (Mailing Address) (Civ) (Zip code) (Zi	(Street Address of Principal Office)	
(Mailing Address) 7. Name and street address of Florida registered agent: (RQ. Box NOT acceptable) Name: Office Address: Office Address: Office Address: City) 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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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: Steven Williams, Owner Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath if the translator must be submitted) Signature of an authorized person	6. Same as above	
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· ·	St. William	
his document is executed in accordance with section 605 0303 (1) (b) Floride Statutes Less source that are 615 in 6 marsh	Signature of an authorized person	
ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	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.	

STeven Williams
Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that STEVEN WILLIAMS ENTERPRISE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/29/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of February two thousand and sixteen.

Courting States and

Executive Deputy Secretary of State