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TO:	Registration Section Division of Corpora					
SURII	Cayenne Market	ing, LLC				
5000			Limited Liability	Company	······································	
					ansact Business in Florida," Cert y company to transact business in	
Please	return all corresponden	ce concerning this matter to the	e following:			
	Jennifer Lal	Ріепте				
	<del> </del>	1	Name of Person			
	Cayenne Ma	arketing, LLC				
	<del>- , , , , , , , , , , , , , , , , , , ,</del>	F	Firm/Company			
	2224 Shuma	rk Trail				
			Address			
	Bossier City	, LA 71111				
		City/S	State and Zip Code			
	jennifer@caye	ennemarketing.com				
		E-mail address: (to be use	ed for future annual	report no	tification)	
For fur	ther information concern	ning this matter, please call:				
	Ray Skinner		318 at (	453-00	40	
	Nam	e of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the follows: \$125.00 Filing Fee		☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

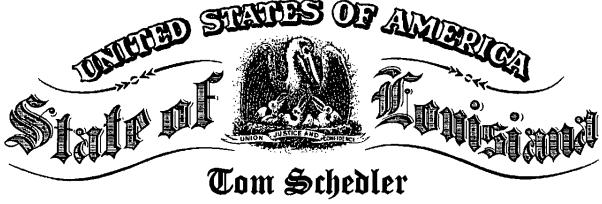
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Cayenne Marketing, LI (Name of Fore	LC eign Limited Liability Company; mus	st include "Limited Lia	bility Company," "L.L.C.," or	"LLC.")	
	Iternate name adopted for the purpose	of transacting busines	ss in Florida. The alternate nar	ne must incl	lude "Limited
Liability Company," "L.L.C,	" or "LLC.")				
2. Louisiana		3. 20-4101155			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	)	
4. N/A					
<del>1</del>	(Date first transacted busines	ss in Florida, if prior to	registration.)	-	
2224 Shumark Trail	(See sections 605.0904 & 605.	0905, F.S. to determine	e penalty liability)		
5. ZZZ4 Shumark Tran				***	
Bossier City, LA 7111				_	
	(Street Address of P	'rincipal Office)		<del>_</del> "	
5. 2224 Shumark Trail				_	
Bossier City, LA 7111	1				
	(Mailing A	Address)		-	
7 Name and street address	ss of Florida registered agent: (P.	O Box NOT accept	able)		
7. Name and <u>succeadures</u>		O. Box MOT accept	aoic)		
Name:	Denny Skinner		_	2.	16
Office Address:	506 Tall Pine St.		_		3
	Crestview		, Florida 32539	3.7 5.83 -	1 ,,,,,,,,
	(City)		(Zip code)	- <u>60</u>	1 87 114
designated in this applicate complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as registered a	gent and agree to act in th	is capacity	. I further agi
•	acity and address of the person(s)		rity to manage is/are:		
Jennifer LaPierre, Managi	ing Member				
2224 Shumark Trail				<del></del>	
Bossier City, LA 71111					
			gn language, a translation o		
Fhis document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1) (b), Florida S tes a third degree felo	Statutes. I am aware that an ony as provided for in s.817	y false info '.155, F.S.	rmation

Typed or printed name of signee

Jennifer LaPierre



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

## **CAYENNE MARKETING LLC**

A limited liability company domiciled in BOSSIER CITY, LOUISIANA,

Filed charter and qualified to do business in this State on March 06, 2006,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seat of my Office to be affixed at the City of Baton Rouge on,

February 12, 2016

Certificate ID: 10680905#YBR93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 36133810K