

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

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Email Address:

Foreign Limited Liability Company never LLC

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT HUSINESS IN THE STATEOF FLORIDA:

	gn Limited Liability Company; must include "Limited Liability Company;" "L.I.	C.," or "1.1.C	(3)
(If name unavailable, enter all Liability Company," "L.L.C."	emate name adopted for the purpose of transacting business in Florida. The alter	ուն դար ան	st include "Limited
2. Delaware			
(Jurisdiction under the law company is organized)	if which foreign limited liability 3. (FE) number, if app	plicable)	
4. No Transactions prior t	a registration		
s 1926 South Patrick Dri	(Date first transacted business in Horida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		Production of the control of the con
Indian Harbour Beach,	F1, 32937	1.5.7*1	
(Street Address of Principal Office) 6. 1926 South Patrick Drive		0 78 E	22
Indian Harbour Beach,	F1. 32937	7) 7	ک چ
	(Mailing Address)	TATE	0 #
7. Name and street addres	of Florida registered agent: (P.O. Box NOT acceptable)	> \ >> \	0
. Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr., STE 150A		
	Tampa Florida 33607 (City) (Zip c		
designated in this application complywith the provision	unce: elstered agent and to accept service of process for the above stated limit ion, I hereby accept the appointment as registered agent and agree to a us of all statutes relative to the proper and complete performance of m us position as registered agent.	et in titis cap	pacity. I further agre
	(Registered agent's signature) Bill Havre, A	Assistant Se	ecretary
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are	:	·
•	5 South Patrick Drive Indian Harbour Beach Florida 32937		
والمساودة والمبادئة أوام مناطقين ووالها والمالة والمساور والمساور والمساور والمهام الماليات	926 South Patrick Drive Indian Harbour Beach Florida 32937		and and a
jurisdiction under the law of the translutor must be su This document is executed	Stantiure of an authorized person In accordance with section 605.0203 (1) (b), Florida Statutes, I am aware	having custo lation of the	ody of records in the certificate under oath
	the Department of King constitutes withird degree follows as provided for Fyped or printed name of signee		



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

DELAWARE, DO HEREBY CERTIFY "NUMQUAM 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 TWENTY-SECOND DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUMQUAM LLC" WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2015.

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

Authentication: 202023806

Date: 03-22-16