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(Requestor's Name)	_						
(Address)							
(Address)	_						
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status	_						
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COVER LETTER

Division	ation Section 1 of Corporation	_ / / /		. ·					
CURINGE	UAC	chal Intern	rohono!	lle					
Name of Limited Liability Company									
The enclosed "Ap Existence, and ch	pplication by For neck are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authorization t enced foreign limited lia	o Transact Business in Florida," Certificate of ability company to transact business in Florida					
Please return all	correspondence of	concerning this matter to the	following:						
		N	ame of Person						
	VEI	aco Mana	Sement	UC					
		F	irm/Company						
	18		79th Ave.						
			Address						
	A	ventuna,	Fl 33	3180					
		City/S	tate and Zip Code						
_		E-mail address: (to be used	termini)	.com					
		E-mail address: (to be used	d for future annual repor	rt notification)					
For further inform	nation concernin	g this matter, please call:							
Ru	ben K	gufman	_at (<u>36</u>)_	932-0/22					
	Name o	f Contact Person	Area Code	Daytime Telephone Number					
Division Registrat P.O. Box	of Corporations tion Section x 6327 see, FL 32314		Divi Regi Clift 2661	sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301					
Enclosed is a chec \$125.	ck for the follow 00 Filing Fee	ing amount: \$\Bigsize \text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$}\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\exitt{\$\}}}}}}}}}}} \end{lengthet{\$\text{\$\text{\$\text{\$}\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}}}}}	☐ \$155.00 Filing Fee	& \$\Bigsim\$ \$160.00 Filing Fee, Certificate of Status & Certified Conv					

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

IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSI	ON 605.0902, FLORIDA STA INESS IN THE STATE OF FI	(TUTES, THE FOLLOWING IS LOPADA:	S SUBMITTED TO I	REGISTER A FOREIG	N LIMITED LIABILITY
1. Name of Foreign	n Limited Liability Compa	Ennafional ny: must include "Limited M	ability Company."	"L.L.C.," or "LLC.")	
(If name unavailable, enter alter Liability Company,""L.L.C," o	nate name adopted for the	purpose of transacting busine	ess in Florida. The	alternate name must i	nclude "Limited
2. (Jurisdiction under the law of company is organized)		3	(FEI number,	if applicable)	
4	(Date first transacted	business in Florida, if prior t & 605,0905, F.S. to determin	o registration.)		
s. <u>18857</u>	WE 29	a 603,0413, F.S. to determine	E S	E 402	
AV 81	Street Addr	ess of Principal Office)	180		
6					
	(M	ailing Address)			
 Name and <u>street address</u> on Name: 	of Florida registered ager	Δ / γ	table) 5	2	
Office Address:	18851 M		enue, s	k 402	16
_	•	ity)	_ , Florida (Z	33/80 // (ip code)	MAR 25
Registered agent's acceptant Having been named as regis designated in this application to complywith the provisions accept the obligations of my	stered agent and to acce n, I hereby accept the ap s of all statutes relative t	ppointment as registered a to the proper and complete	igent and agree	to act in this capaci	ity🗀 further agree
_	910	Registered agent's signature)	<u> </u>	-	
8. The name, title or capacit		son(s) who has/have autho		/are: M6/2	_
18857	NE 29	th QUENCE,	SE	402	_
Mens	VAA H	33180			_
 Attached is a certificate of jurisdiction under the law of vof the translator must be subn 	which it is organized. (If	90 days old, duly authenti the certificate is in a forei	cated by the offic gn language, a tr	cial having custody anslation of the cert	of records in the ificate under oath
The decrees	_	nature of an authorized perso			
This document is executed in submitted in a document to the	accordance with section e Department of State of	onstitutes a third degree fel	Statutes. I am aw ony as provided i	are that any false in for in s.817.155, F.S	formation
	Тура	ed or printed name of signee		-	

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JACHAL INTERNATIONAL, 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 SEVENTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACHAL INTERNATIONAL, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2013.

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

Authentication: 201999553

Date: 03-17-16