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TO:

Registration Section

Division of Cor	porations
SUBJECT:	OUTDOOR LIVING US LLC
	Name of Limited Liability Company
	on by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspo	ondence concerning this matter to the following:
	Julia Greenberg-Aguilar
	Name of Person
	MyUSAcorporation.com
	Firm/Company
	1 Radisson Plaza, Suite 800
	Address $\equiv \overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{$
	New Rochelle, NY 10801-5769
	City/State and Zip Code
	City/State and Zip Code outdoorlivingus@gmail.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Julia	Greenberg-Aguilar at (877) 330-2677
	Name of Person Area Code & Daytime Telephone Number
MAILING AD Division of Cor Registration Sec P.O. Box 6327	porations Division of Corporations
Tallahassee, FL	
Enclosed is a check f	Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \begin{array}{c c c c c c c c c c c c c c c c c c c



April 26, 2016

JULIA GREENBERG-AGUILAR 1 RADISSON PLAZA, SUITE 800 NEW ROCHELLE, NY 10801

SUBJECT: OUTDOOR LIVING US LLC

Ref. Number: W16000030753



We have received your document for OUTDOOR LIVING US LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 716A00008565

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. OUTDOOR LIVING U			
(Name of Fore	eign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting busing or "LLC.")	iness in Florida. The alternate nam	e must include "Limited
2. Delaware	3		
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
1. <u>N/A</u>			_
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to determ	or to registration.) nine penalty liability)	
5. 755 Grand Blvd. # B1			·
Miramar, FL 32550			
	(Street Address of Principal Office)		- 26 6
6. 755 Grand Blvd. # B11	7		三层部置可
Miramar, FL 32550			555
	(Mailing Address)		
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT acc	entable)	
	Incorp Services, Inc	epidote)	· 승규 · 유
Name:		.	5元 6
Office Address:	17888 67th Court North		
	Loxahatchee	, Florida 33470	
Registered agent's accep	(City)	(Zip code)	-
Having been named as re lesignated in this applica o complywith the provision	rgistered agent and to accept service of process for tion, I hereby accept the appointment as registered one of all statutes relative to the proper and company position as registered agent. (Registered agent's signatu	d agent and agree to act in thi lete performance of my duties.	s capacity. I further agree
8. The name, title or capa	acity and address of the person(s) who has/have aut	hority to manage is/are:	
-	rand Blvd. # B117, Miramar, FL 32550 - AL	<u> </u>	
			
	of existence, no more than 90 days old, duly auther of which it is organized. (If the officate is in a for ubmitted)		
	Signature of an authorized pe	rson	-
	▼		

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.

Typed or printed name of signee

Kornelis Poelstra

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OUTDOOR LIVING US 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 SEVENTH DAY OF APRIL, A.D. 2016.

FILED

SECRETARISMENT TO TO

Authentication: 202113210

Date: 04-07-16

5437481 8300 SR# 20162137634