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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SUPERBIZ.COM, INC.
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Foreign Limited Liability Company
Bravi Investment LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE
FLORIDA

2016 MAY 25 P 3:16

FILED

MAY 26 2016

SHARRON

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. BRAVI INVESTMENT LLC
(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 Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. APPLIED FOR
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

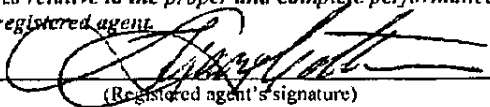
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15811 COLLINS AVENUE APT 2304
SUNNY ISLES BEACH, FLORIDA 33160
(Street Address of Principal Office)

6. 15811 COLLINS AVENUE APT 2304
SUNNY ISLES BEACH, FLORIDA 33160
(Mailing Address)

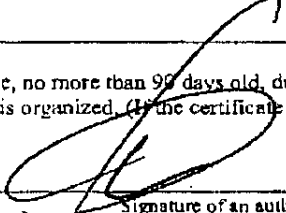
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: SUPERBIZ REGISTERED AGENT, INC.
Office Address: 2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, Florida 333411
(City) (Zip code)

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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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:
AMBR: GAL ENTERPRISES, BVI
15811 COLLINS AVENUE APT 2304, TDR TOWER III, SUNNY ISLES BEACH, FLORIDA 33160

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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

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.

DONALD KAHN, ESQ.
Typed or printed name of signee

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAVI INVESTMENT 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-FIFTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAVI INVESTMENT LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2016.



5940696 8300

SR# 20163740221

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202381711

Date: 05-25-16