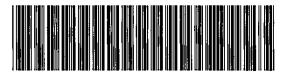
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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TECRETARY OF STATE
SECRETARY OF

7. HARREIS

### **COVER LETTER**

TO:	Registration Section Division of Corporations				•
SUBJ	Audash, Ilc.				
SUDJ	ECI.	Name of I	imited Liability C	ompany	
					nsact Business in Florida," Certificate of company to transact business in Florida.
Please	return all correspondence conc	erning this matter to the f	following:		
	Michael Watson				
	<del></del>	Na	me of Person	<del></del>	
	Audash, Ilc.				
		Fi	m/Company		
	205 westbridge ro	i			
			Address		
	Glenolden, Pa. 19	9036			
		City/St	ate and Zip Code		
	audashlic@yahoo.	com			
	E-	mail address: (to be used	for future annual	report not	fication)
For fu	rther information concerning thi	is matter, please call:			
	William James		610 at (	329671 )	6
	Name of Co	ontact Person	Area Code	Day	time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS:  of Corporations on Section  uilding cutive Center Circle ee, FL 32301
Enclos		amount: \$130.00 Filing Fee & ertificate of Status	☐ \$155.00 Filing	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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:

Address:    Address of Principal Office		ernate name adopted for the purpo	ose of transacting busing	ness in Florida. The alternate t	name must include "Limite
Clause and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA  TAMPA  (City)  Registered agent's acceptance: lawing agent and to accept service of process for the above stated agents in this capacity. I further agree to compute the proposition as registered agent and to accept service of process for the above stated and further agree to compute the propositions of my position as registered agent.  Registered agent's new address of my position as registered agent. Bill Havre/Assistant Secretary/Registered Agent. (Registered agents as signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Michael Watson, President, 205 Westbridge rd. Glenolden, Pa. 19036  William James, President, 205 Westbridge rd. Glenolden, Pa. 19036  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under if the translator must be submitted)		or "LLC,")	47-46583	18	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  205 Westbridge rd  Glenolden, Pa. 19036  (Street Address of Principal Office)  205 Westbridge rd  Glenolden, Pa. 19036  (Mailing Address)  Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)  (City)  Registered agent's acceptance:  Idving been named as registered agent and to accept service of process for the above stated corporation at the place designaths application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to competit the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ache obligations of my position as registered agent.  Bill Havre/Assistant Secretary/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:  Michael Watson, President, 205 Westbridge rd. Glenolden, Pa. 19036  Milliam James, President, 205 Westbridge rd. Glenolden, Pa. 19036  Milliam James, President to which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)	(Jurisdiction under the law o	of which foreign limited liability	3		ole)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  205 Westbridge rd  Glenolden, Pa. 19036  (Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  REGISTERED AGENTS INC.  Office Address:  3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Registered agent's acceptance:  Itaking been named as registered agent and to accept service of process for the above stated corporation at the place designation has a propositions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept service of my positions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept service agent's signature)  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  (Registered Agent)  (Reg	6/24/2016				
Glenolden, Pa. 19036  (Street Address of Principal Office)  205 Westbridge rd  Glenolden, Pa. 19036  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)  (Registered agent and agree to act in this capacity. I further agree to compitable performance of my duties, and I am familiar with and active to the proper and complete performance of my duties, and I am familiar with and active to the proper and complete performance of my duties, and I am familiar with and active be obligations of my position as registered agent.  Bill Havre/Assistant Secretary/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:  (Registered Agent)	•	(Date first transacted busing	ness in Florida, if prior	to registration.)	
Glenolden, Pa. 19036  (Street Address of Principal Office)  (Mailing Address)  (P.O. Box NOT acceptable)  Name:  REGISTERED AGENTS INC.  Office Address:  3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)	205 Westbridge rd	(See sections 603.0904 & 60	15.0905, F.S. to determ	tine penaity hability)	
(Street Address of Principal Office)  Glenolden, Pa. 19036  (Mailing Address)  Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA (City)  (City)				······································	<del></del>
Glenolden, Pa. 19036  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)  (Ci	Glenolden, Pa. 19036		(D2		-50 ===
Glenolden, Pa. 19036  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA Florida 33607  (Zip code)  Registered agent's acceptance: daving been named as registered agent and to accept service of process for the above stated corporation at the place designate with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent.  Bill Havre/Assistant Secretary/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:  Michael Watson, President, 205 Westbridge rd. Glenolden, Pa. 19036  William James, President, 205 Westbridge rd. Glenolden, Pa. 19036	205 Westbridge rd	(Street Address of	(Principal Office)		
(Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA (City)  (C	. 200 TTGSIBITUSE TU				
Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)  Registered agent's acceptance:  Name and street address: 3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)  Registered agent's acceptance:  National deposition of the appointment as registered agent and agree to act in this capacity. I further agree to composite the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent.  Bill Havre/Assistant Secretary/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:  Michael Watson, President, 205 Westbridge rd. Glenolden, Pa. 19036  William James, President, 205 Westbridge rd. Glenolden, Pa. 19036  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in prisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)	Glenolden, Pa. 19036				S 0
Name: REGISTERED AGENTS INC.  Office Address: 3030 N. Rocky Point Drive, STE 150A  TAMPA  (City)  (Cit		(Mailing	g Address)		To R
Name:  Office Address:  TAMPA  (City)	. Name and street address	of Florida registered agent: (	P.O. Box NOT acce	eptable)	
TAMPA  (City)  (City)  (Cip code)  (Cip co	Name:	REGISTERED AGENTS	INC.	<u></u>	
TAMPA  (City)  (City)  (Cip code)  (Cip co	Office Address	3030 N. Rocky Point	Drive, STE 150/	A	<b>&gt;</b>
(City) (Zip code)  (Registered agent's acceptance:  (Raving been named as registered agent and to accept service of process for the above stated corporation at the place designate as application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compite the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent.  Bill Havre/Assistant Secretary/Registered Agent.  (Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Alichael Watson, President, 205 Westbridge rd. Glenolden, Pa. 19036  William James, President, 205 Westbridge rd. Glenolden, Pa. 19036  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in prisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)	Office Address.			<del></del>	
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Typed or printed name of signee

Michael Watson

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/14/2016

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### Audash, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE CONTROL WALLE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160614151533-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx