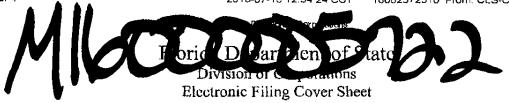
7/18/2016



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(((H160001723653)))



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Foreign Limited Liability Company Variable Status Brake Light, LLC

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S. YOUNG-

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "VARIABLE STATUS BRAKE LIGHT, 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 FOURTEENTH DAY OF JULY, A.D. 2016.

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

5042796 8300 SR# 20164915531

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

Marina VI. Ballack, Secretary of SISSS

Authentication: 202659426

Date: 07-14-16

Fox Audit H1600017231053

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 LIMITED LIMITED LIMITED LIMITED LIMITED STATE OF FLORIDA: Variable Status Brake Light, LLC | |
|---|--|
| 1. (Name of Foreign Limited Liability Company; intert include "Limited Liability Company," L.L.C | ., or LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and consent of the managers or managing members adopting the alternate name. The alternate name must incl Company." "LL.C." "LLC.") | |
| Delaware 45-3539586 3. | |
| (fluisdiction finder the law of which foreign limited liability (FEI number, if applica company is organized) | ble) |
| Upon Qualification. | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) | , paragonis and all 2 - 10 pages and the street of the str |
| 955 Buchanan St. #1, Hollywood, Florida 33019 | <u></u> |
| 51 | |
| (Street Address of Principal Office) | |
| 955 Buchanan St. #1, Hollywood, Plorida 33019 6, | <u>∞</u> |
| 6. | 2 |
| (Mailing Address) | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to n | tanage is/are: |
| Manager: Mark Duncan, 955 Buchanan St. #1, Hollywood, Florida 33019 | |
| | |
| | |
| | |
| | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 8. Attached is an original continue of existence, no more than 90 days old, this multi-uniqued by the official in the jurisdiction, under the law of which it is organized. (A photocopy is not acceptable. If the certificate is impulation of the certificate rander onto of the translation of the certificate.) | having custody of records n a foreign knygrage, a |
| mi | |
| Signature of an anthorized person | African |
| (In accordance with section 605.0203. F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I can aware that any false information document to the Department of State constitutes a third degree felony as provided for in Mark Duncan | submitted in a |
| · · · · · · · · · · · · · · · · · · · | **** |

Fox Audit H14000172365 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d). FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 2. The name and the Florida street address of the registered agent Business Filings Incorporated (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT Accident Street) Plantation 33324 FL City/State/Zip | and office are:: | 16 JUL 18 PM I |
|--|--|----------------|
| 2. The name and the Florida street address of the registered agent Business Filings Incorporated (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT Accel Plantation 33324 FL | and office are:: | JUL 18 PH |
| (Name) 1200 South Pine Island Road Florida Sheet Address (P.O. Box NOT Accidate Sheet She | PTABLE) | 3 |
| 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCI Plantation 33324 FL | PTABLE) | 3 |
| Florida Sheet Address (P.O. Box NOT Acci Plantation 33324 FL | PTABLE) | |
| Plantation 33324 FL | PTABLE) | |
| FL | | ** |
| | | 1: 00 |
| 2.0 | | |
| Having been named as registered agent and to accept service of pro- iability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to tatutes relating to the proper and complete performance of my dut accept the obligations of my position as registered agent as provide tatutes. | eaccept the appointment as ecomply with the provisions of all es, and I am familiar with and | |
| Marel | | |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)