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TERRITARY OF STATE



S Warren AUG 0 1 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2016

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: AUSMERICA DELAWARE I LLC

Ref. Number: W16000052788

We have received your document for AUSMERICA DELAWARE I LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 416A00015957

Plaseratain original file date

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/28/16

NAME:

AUSMERICA DELAWARE I LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Registration Section
Division of Corporations

TO:

Sonder _	14 17	elaware I LLC Name of	Limited Liability	Company		
The enclosed "A Existence, and o	Application by For check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	ition to Tra ted liability	msact Business in Florida," Certificate y company to transact business in Flor	e of ida
Please return al	l correspondence c	oncerning this matter to the	following:			
		N	ame of Person			
		Fi	rın/Compan y			
			Address			
		City/S	tate and Zip Code			
		ned@kangarealty.				
		E-mail address: (to be used	for future annual	report not	ification)	
For further infor	rmation concerning	g this matter, please call:				
		00 P.	_ at (Area Code		time Telephone Number	
Divisio Registi P.O. B	Name o ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314	f Contact Person	Area Code	STREET Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section	
	eck for the follow 5.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☑ \$155.00 Filir Certified Copy	ng 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:

1. Ausmerica Delaw	rare I LLC sign Limited Liability Company; must include "L	lmited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transact	ing business in Florido. The alternate nam	ne must include "Limited
₂ Delaware	of which foreign limited liability	(FEI number, if applicable)	1
4	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	if prior to registration.)	-
5. 6917 Vista Parkv		determine penalty liability)	
5. USTI VISIA FAIRV	vay N, Guite 15		The second second
West Palm Beac	h, FL 33411		
CO47 Vista David	(Street Address of Principal Off	ice)	
6. 6917 Vista Park	way N, Suite 15		
West Palm Bead			
	(Mailing Address)		THE P
7. Name and street addres	s of Florida registered agent; (P.O. Box No.	<u>OT</u> acceptable)	9: 02 STATE LORID
Name:	Edward Grace		DM 2
Office Address:	6917 Vista Parkway N, Suite	15	
	West Palm Beach (City)	, Florida 33411 (Zip code)	
designated in this applicate to complywith the provision		gistered agent and agree to act in th	is capacity. I further agree
	(Registered agent's	signature)	
8. The name, title or capa	city and address of the person(s) who has/he	we authority to manage is/are:	
Ausmerica LLC, S	Sole Member		
6917 Vista Parkw	ay N, Suite 15		
West Palm Beach	n, FL 33411		
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) Signature of an author	in a foreign language, a translation o	
	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of	, Florida Statutes. I am aware that an	
		RACE of signee	
	Typed or printed name	of signee	-

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AUSMERICA DELAWARE I 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-EIGHTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUSMERICA

DELAWARE I LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D.

2016.

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

6107224 8300

SR# 20165113003
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bulleck, Secretary of State

Authentication: 202734432

Date: 07-28-16