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S Warren

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COVER LETTER

TO:

Registration Section

Division of C	orporations		
SUBJECT:	MONTANA DEL	- Ponu LL	•
SUBJECT.	Name of	Limited Liability Company	,
			ransact Business in Florida," Certificate of ity company to transact business in Florida
Please return all corres	pondence concerning this matter to the	e following:	
		ATCH ETT	
	N	lame of Person	
	ŀ	irm/Company	
	Z154 E	Bouchest Cin	LLE
		Address	
	ROYAL	PALM BEACK	F2 33411
 -	City/S	PALM BOACK State and Zip Code	
	KEIZH HX	TCHSTT Q G	MAIL. Com
		ed for future annual report n	
For further information	concerning this matter, please call:		
Kε	174 HATLAETT	6iS)	579-1745
	Name of Contact Person	Area Code D	aytime Telephone Number
MAILING A			ET ADDRESS:
Division of C	•		n of Corporations
Registration S P.O. Box 632			ation Section Building
Tallahassee, I		2661 E	xecutive Center Circle assee, FL 32301
Enclosed is a check for	r the following amount:	—	5 444 40 50 500 5 5 5 5 5 5 5 5 5 5 5 5 5
≰ \$125.00 Fi	ling Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$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:

	n Limited Liabil	ity Compan	y; must inc	clude "Limite	LLC ed Liability Cor	npany," "L.I	_,C.," or	"LLC.")
name unavailable, enter alternability Company," "L.L.C." of		ted for the p	ourpose of t	transacting b	usiness in Flori	da. The alter	rnate nai	ne must	include "Limited
Jurisdiction under the law of	A			3					
Jurisdiction under the law of company is organized)	which foreign li	imited liabil	ity	~·	(FEI n	umber, if ap	plicable)	
company is organized,									
	(Date first	transacted	business in	Florida, if p	rior to registrat	ion.)			
20					ermine penalty	liability)			
	54 BEU							_	
Ro.	MAL PA	Street Addre	BSA CA ess of Princ	ipal Office)	334	(_	
							, , ,	100	
		(Ma	ailing Addr	ess)		·	- 10 - 10	.35	• • • • • • • • • • • • • • • • • • • •
Name and street address of	of Florida regis	stered agen	nt: (P.O. E	Box <u>NOT</u> a	cceptable)			्राह्मी अ	S. contraster.
Name:	1	KETH	w.	MAZON	577		. 3.00 	ထ	m
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Office Address: _	L	-154	Beu	LN657				လုံ	
_	Rout	2 PAIN	n Bei	neu	, Florid	_{da} 33	SA'	, μ	
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KENTH W. UNTCHETT
Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MONTANA DEL PERU, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 30, 2016, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 2, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160802-3053
You may verify this electronic certificate
online at http://www.nysos.gov/