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SECRETARY OF STATE
ALL AHASSEF, FLORIDA



COVER LETTER

TO:

TO:	Registration Section Division of Corporation	s		,		
SUBJ	Authennial, LLC					
		Name of	Limited Liability (Company	<u></u>	•
	nclosed "Application by Forence, and check are submitted					
Please	return all correspondence c	oncerning this matter to the	following:			
	Chad Olin					
		N	ame of Person	•		
		F	irm/Company			
	1 Fox Knoll Ct.					
			Address			•
	Lutherville, MI	21093 -				
	1	City/S	tate and Zip Code			•
	chad@cubacando	ela.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For fu	rther information concerning	g this matter, please call:				
	Chad Olin		443 at (834-31)	86	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, C of Status & Certified Co	

(Name of Fore	eign Limited Liability Co	mpany; must include "Lir	mited Liability Company," '	"L.L.C.," or "LLC.	")	_
(If name unavailable, enter al	ternate name adopted for	the purpose of transacting	ig business in Florida. The a	alternate name mus	t include "Lin	_ nited
Liability Company," "L.L.C,"	" or "LLC.")					
2. State of Delaware		3.	402988			_
(Jurisdiction under the law company is organized)	of which foreign limited	liability	(FEI number, i	f applicable)		
4.						
118 SW South River D	(See sections 605.0	acted business in Florida, 1904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)			
5. Miami, FL 33130	<u> </u>	٠ ـ				
	(Street	Address of Principal Offic		<u> </u>	16	
l Fox Knoll Ct.	(Sueer /	Address of Philopal Offic	,	LAH	AUG	TO THE
Lutherville, MD 21093				ASS	12	**************************************
		(Mailing Address)		m m	(PA	
7. Name and street addres	s of Florida registered	agent: (P.O. Box NO	T acceptable)	<u> </u>	္ မွ	O
	United States Corpo	-	<u>~</u>	9	12 18 18	
Name:		-		Ę	im w	
Office Address:	13302 Winding Oak	Court, Suite A		,	r	
	Tampa		3361 , Florida	2		
		(City)		Lip code)		
designated in this application	cation, I hereby accept t isions of all statutes rela	the appointment as regis ntive to the proper and co red agent.	s for the above stated limit tered agent and agree to a puplete performance of m Asst. Secretary on behalf of	ect in this capacity, y duties, and I am	. I further ag familiar witl	gree h and
	$\underline{}$	(Registered agent's sig			porución rige	
8. The name, title or capa Chad Olin, President		e person(s) who has/hav	ve authority to manage is	/are:		
						
Miami, FL 33130						
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized		n a foreign language, a tr			
This document is executed submitted in a document to	I in accordance with se the Department of Sta Chad Olin	ction 605.0203 (1) (b), ate constitutes a third de	Florida Statutes. I am aw egree felony as provided	rare that any false for in s.817.155,	information F.S.	ı
		Typed or printed name of	of signee			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUTHENNIAL, 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 SECOND DAY OF AUGUST, A.D. 2016.

Authentication: 202759065

Date: 08-02-16