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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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08/17/16--01014--004 **160.00 -



COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: AJJ S	UPPOST Name of L	LLC.	Company	
				act Business in Florida," Certificate of ompany to transact business in Florida
Please return all correspondence con	ncerning this matter to the fo	ollowing:		
JAME	s Keo:n	me of Person		
A45	SUPPORT 1	C.C.		
143 T	wo Pine	Ofive Address		·
West	PALM BEAC City/Sta	K FLOO	<u>AQ;r</u>	33413
B: LLing	A +ech KA	rma Sol for future annual	CO+: OV	os.com cation)
For further information concerning the	his matter, please call:			
JAMES KE Name of C	Contact Person	at (<u>561</u> Area Code) <u>430</u> Daytin	ne Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Registration Clifton Buil	Corporations Section ding tive Center Circle
<u> </u>	g amount: 3 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin 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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 3. 81-1180924
(FEI number, if applicable) 2. <u>Oel A. WACC</u> (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) PALM BEACH FL 33413 -2500 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) iames Keping Name: 3 Two Pine prive Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as 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: Caic Anam Drive west 33413-*25*00 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "A & J SUPPORT, 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-THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A & J SUPPORT, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2016.

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

Authentication: 202873676

Date: 08-23-16

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