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## Foreign Limited Liability Company EVOLUTION-X LLC

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## State of New York Department of State } ss:

I hereby certify, that EVOLUTION-X LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/18/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of EVOLUTION-X LLC was filed on 08/21/2013.

A Biennial Statement was filed 10/05/2016.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of October two thousand and sixteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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## 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:

L. EVOLUTION-X LLC							
(Name of Fore	eign Limited Liability Co	ompany; must includ	c "Limited Liab	ility Compa	ny," "L.L.C.," or '	'LLC.'')	
(If name unavailable, enter al Liability Company," "L.L.C,"		or the purpose of tran	sacting business	in Florida.	The alternate nam	e must include "L	Limited
, NEW YORK		3.					
(Jurisdiction under the law company is organized)	of which foreign limited			(FEI num	ber, if applicable)		
4. Upon Filing							
	(Date first trans (See sections 605.	sacted business in Flo .0904 & 605.0905, F	orida, if prior to .S. to determine	registration. penalty liab	) ility)		
5. 17801 EAGLE VIEW	•				• /		
						91.0	16
<del> </del>	(Street	Address of Principal	Office)			S	0 -
6. 17801 EAGLE VIEW	LANE, CAPE CORA	L FL 33909				2	
						Q	0
		(Mailing Address)	)			·	; ;;==================================
7. Name and street address	ss of Florida registered	d agent: (P.O. Box	NÓT accepta	ble)		<u> </u>	= 1
Name:	DAVID PALUMBO	0				DIVISION OF COME OF ALIONS	OCT 10 AH 10: 52
Office Address:	17801 EAGLE VIE	W LANE				i.	2
	CAPE CORAL			. Florida	33909		
		(City)			(Zip code)	•	
Registered agent's accep Having been named as re						it	4h = =1===
designated in this applica							
to complywith the provision	ons of all statutes rela	ative to the proper					
accept the obligations of i	my position as registe	red agent.	A THE STATE OF THE PARTY OF THE				
		(Registered age	int's signature)				
8. The name, title or capa	ecity and address of th	ie person(s) who ha	is/have authori	ty to mana	ge is/are:		
Authorized Member-JUM	IBO CORP., 17801 E.	AGLE VIEW LAN	IE, CAPE CO	RAL FL 33	909		
Authorized Member- RECTANG	GLE, LLC C/O ANDREW	HAYES, ESQ., 230 PA	ARK AVE 10TH,	NEW YORK	NY 10169		
				`			
				-}			
9. Attached is a certificate							
jurisdiction under the law of the translator must be so		ed. (If the certificat	e is in a foreign	n language.	a translation of	the certificate u	inder oath
of the translator must be st	ioninted)	يا	1	•			
			<del>                                     </del>				
	`	Signature of an bu	morized person				
This document is executed submitted in a document to							n.
	DAVID PALUMBO		<b>5</b>			,	

Typed or printed name of signee