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COVERLETTER

TO:	Registration Section. Division of Corporatio	·		•
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Y. are	. 17. 3.	Name of	Limited Liability Company	
The co	closed "Application by Po ice, and check are submitt	reign Limited Liability Com od to register the above refer	pany for Authorization to Themsel for the State of the St	rantact Business in Florids," Certificate of V company of transact business in Florida:
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Por für	ther information concerning	g this matter, please call:	•	
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	Name	of Contact Person	Ares Code Da	ytime Telephone Number
	MAILING ADDRESS Division of Corporation			T ADDRESS:
	Registration Section	L		of Colgorations don Socion
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	**************************************		Tallahas	ecultive Center Chris soc, FL 32301
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	•	Certificate of Status	Certified Copy	of Status & Certified Copy

APPLICATION BY POREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

IN COMPLIANCE WITH SECTION BISLOOP, FLORIDA STATISTISS, THE FOLLOWING IS SUBMICOMPANY TO TRANSLICT BLISNESS IN THE STATE OF PILIPIDA	THEO TO RECISIES A PURSON LIMITED [LABILITY			
1. (Name of Foreign Limite) Liability Company; must include "Limited Liability	Company, LLC, or LC.)			
(If again maynighle, only alternage name adopted for the purpose of franching business in F	locida. The abscrate muse must include "Limited			
2. Delaware United the under the law of which threign the led lightlify company is organized) (F)	El minder, if applicable)			
Once they transported business in Florida, if great to copie (See sections 605.0904 & 605.0905, P.S. to determine point	inetica)			
7744 Chinkapin Ct.	2 5			
Orlando, FL 32818	16 OCT 12 AM 8: 33 OLVISION OF CORREGEATIONS OLVISION OF CORREGEATIONS			
Sueer Address of Principal Office)	1000			
7744 Chinkapin Ct.	Die AH			
Orlando, FL 32818 (Nating Albert):				
7. Name and street address of Plorids registered against (P.O. Box NOT acceptable)	G. G. 33			
Name: Dest la Buino	₹. 3			
Office Address: 7744 Chen Kalin of				
	orida 328/8			
Registered agent's acceptance:	(Zip code)			
Having been named as registered agent and to accept service of process for the abo designated in this application, I hereby accept the appointment as registered agent	on Stated Builled liability company at the place			
to complywith the provisions of all stances relative to the proper and complete perf	ormance of my duties, and I am familiar with and			
(Rogentered agent's algenture)				
8. The name, title or capacity and address of the person(s) who has have uniformly to	menage is/are			
Beetly Bruno man				
7744 Chinkagin ct				
October 1 37818	arana arang arang			
9. Attached is a certificate of existence, no more than 90 days old, thely authenticated jurisdiction under the law of which it is organized. (If the certificate is in a foreign law of the translator must be submitted)	by the official having custody of records in the guest, a translation of the certificate under oath			
Signature of an authorized primer	in the second se			
This document is executed in secondands with section 505.0207 (1) (b). Pinettis Summes, 1 am aware that any false information, submitted in a document to the Department of State constitutes a third degree follows as provided for in a 317.155, F.S.				
See ly Sounds Typed as printed name of signer				
's Meets we furnished events of subjects.				

<u>Delaware</u>

Page 1

ine first State

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

DELAWARE, DO HEREBY CERTIFY "BENSHIRE 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 TWELFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BENSHIRE LLC"
WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2016.

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

6179503 8300 SR# 20166164145

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

Authentication: 203145301

Date: 10-12-16