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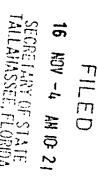


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D. SCOTT **NOV** 7 2016



SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 11-4-16
ENTITY NAME:
Cardworks Leguring LLC
<u> </u>
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy
Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:
Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
APOSTILLE'/NOTARIAL CERTIFICATION:
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 155 CHECK NUMBER: 304 PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LUMIED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CARDWORKS ACQUIRING, LLC (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.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon filing (Date first transacted business in Florida, If prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2979 W Bay Dr. Ste. 20 Belleair Bluffs, FL 33770 (Street Address of Principal Office) 6, 2979 W Bay Dr. Ste. 20 Belleair Bluffs, FL 33770 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Corporate Services, Inc. Name: 9200 South Dadeland Blvd.- Suite 508 Office Address: Miami (City) 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: Russell Berman - Member 2979 W Bay Dr. Ste. 20, Belleair Bluffs, FL 33770 Daniel Doyle - Member 2979 W Bay Dr. Ste. 20, Belleair Bluffs, FL 33770 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.

Russell Berman

Signature of an authorized person

Typed or printed name of signee

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "CARDWORKS ACQUIRING, 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 FOURTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDWORKS ACQUIRING, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2008.

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

SECRETARY OF STATE



Authentication: 203283131

Date: 11-04-16

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