# Mlowagasi

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500292133165

NOV 17 2016 S. YOUNG 15 NOV 16 AM 9:38

Tokke to the terminal

SEURETARY DE STATE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 371737 8113207

AUTHORIZATION : Spellele

COST LIMIT : \$\frac{1}{2}5.00

ORDER DATE: November 16, 2016

ORDER TIME : 9:15 AM

ORDER NO. : 371737-005

CUSTOMER NO: 8113207

#### FOREIGN FILINGS

NAME: MEJDI LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

16 NOV 16 AH 9:

SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 6061902, PLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Mejdi LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Not Applicable (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.") VA: 27-1602633 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3460 Fairlanc Farms Rd. Suite #5 Wellington, FL 33414 (Street Address of Principal Office) same as above (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Scott Cooper Name: 3460 Fairlane Farms Rd. Suite #5 Office Address: Wellington Florida (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: Scott Cooper, Owner 3460 Fairlane Farms Rd. Suite #5 Wellington, FL 33414 9. Attached is a certificate of existence, no more than 10 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organised. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (6), 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. Scott Cooper

Typed or printed name of signee

# Commonwealth of Hirginia



# State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That MEJDI LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 23, 2009; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 16, 2016

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1611165340