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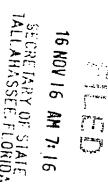
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### ' COVER LETTER

	Registration S Division of Co						
SUBJEC		nouda and A	va Hedra LLC				
			Name of L	imited Liability C	Company		
			gn Limited Liability Compa to register the above referen				
Please ret	turn all corresp	ondence co	ncerning this matter to the f	ollowing:			
•	Amga	ad Attalla					
			Na	me of Person			
	Pope Shenouda and Ava Hedra LLC						
	2952 Carrickton Cir						
				Address			
	Orlando, FL 32824						
City/State and Zip Code							
	ps3.cha	arley@gmai					
			E-mail address: (to be used	for future annual	report noti	fication)	
For furthe	er information	concerning	this matter, please call:				
Amgad Attalla			201 at (	688-667	72		
•		Name of	Contact Person	Area Code	Dayt	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	is a check for □ \$125.00 Fili	ing Fee	g amount:  ■ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

### 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 For	va Hedra LLC eign Limited Liability Company; must include "Limited Liability Compar	ny," "L.L.C.," or "LLC.")	
If name unavailable, enter a liability Company," "L.L.C.	Itemate name adopted for the purpose of transacting business in Florida." or "LLC.")	The alternate name must include "Limi	it <b>e</b> d
The State of Virginia	3. 45-5089049		
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI numb	per, if applicable)	
. 11/20/2016			
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liab	) ility)	
2952 Carrickton Cir			
Orlando, FL 32824			
	(Street Address of Principal Office)	—————————————————————————————————————	
2952 Carrickton Cir		6 NOV 16	7
Orlando, FL 32824		ANYL 91 A	graman.
	(Mailing Address)		1
Name and street addre	ss of Florida registered agent: (P.O. Box NOT acceptable)	T (c	Charles of
	Amgad Attalla	: 16 ORID	
Name:		DE A	
Office Address:	2952 Carrickton Cir		
	Orlando Florida 3	(Zip code)	
Registered agent's accep	(City)	(Zip code)	
esignated in this applica o complywith the provisi ccept the obligations of	egistered agent and to accept service of process for the above state tion, I hereby accept the appointment as registered agent and agens of all statutes relative to the proper and complete performan my position as registered agent.  Amgaal HHala  (Registered agent's signature)	ree to act in this capacity. I furth ce of my duties, and I am familiai	er agre
	acity and address of the person(s) who has/have authority to manag	ge is/are:	
	rarmer	<del></del>	
	ındo, FL 32824		
	ando, FL 32824		
	of existence, no more than 90 days old, duly authenticated by the of which it is organized. (If the certificate is in a foreign language,		

Typed or printed name of signee

Amgad Attalla

## Commondaealth of Hirginia



### State Corporation Commission

#### CERTIFICATE OF FACT

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

That Pope Shenouda and Ava Hedra LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 19, 2012; 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 14, 2016

Joel H. Peck, Clerk of the Commission

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