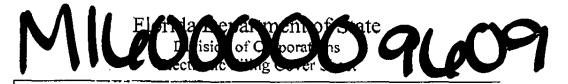
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000294043 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number: I20010000112 Phone : (302)5/5-0875 Fax Number : (302)575-1642

Email Address:

\*\*Epter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.\*\*

> Foreign Limited Liability Company STORM LEGENDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605 0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: STORM LEGENDS, 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 Florids. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC") 2 DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FRI number, if applicable) Nane (Date first frunsacted business in Plorido, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MICHELE WOLLSLAIR Name: 19384 MIDWAY BOULEVARD Office Address: PORT CHARLOTTE Florida (CIV) 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 comply with 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 wolls 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) Signature of an authorized person

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.

Typed or printed name of signeo

)0[15]<del>04</del>0

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STORM LEGENDS, 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 FIRST DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STORM LEGENDS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2016.

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

6075197 8300 5R# 20166854270

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

Authentication: 203425705

Date: 12-01-16