## M16000009777

(Re	questor's Name)					
(44	dress)					
(Au	uiess)					
(Ad	dress)	<u></u>				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
		!				

Office Use Only



900291980189

12/05/16--01032--005 \*\*130.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Viumbe, LLC CT:					
	Name of Limited Liability Company					
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please	eturn all correspondence concerning this matter to the following:					
	Ryan Ongoco					
	Name of Person					
	Viumbe, LLC					
Firm/Company						
	290 Division Street, Suite 405					
	Address					
	San Francisco, CA 94103					
	City/State and Zip Code					
	ryano@viumbe.com					
	E-mail address: (to be used for future annual report notification)					
For fu	her information concerning this matter, please call:					
	Ryan Ongoco 415 675-1696					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclos	d is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy					

## RYTLUKIDA

' 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:

Viumbe, LLC	ON 1233 IN THE STATE OF FLOID				
(Name of Fore	ign Limited Liability Company; m	ust include "Limited Liab	oility Company," "L.L.C.	," or "LLC.")	•
finame unavailable, enter al	ternate name adopted for the purpo " or "LLC.")	ose of transacting business	s in Florida. The alternat	e name must ind	clude "Limited
Delaware		3. 27-1193769	,	· .	
(Jurisdiction under the law, company is organized)	of which foreign limited liability		(FEI number, if applic	able)	
1/16/14	•		• •	,	•
*	(Date first transacted busin	ness in Florida, if prior to	registration.)	`	v.
290 Division Street, St	(See sections 605.0904 & 60 uite 405	5.0905, F.S. to determine	e penalty hability)		
San Francisco, CA 941	03		,		
**************************************	(Street Address of	l Principal Office)			
290 Division Street, Su	ite 405				
San Francisco, CA 941	03				
***************************************	(Mailing	g Address)	· · · · · · · · · · · · · · · · · · ·		
. Name and street address	ss of Florida registered agent: (1	P.O. Box NOT accent	ahle)		
	Drew Cumens	1.0. Box 140. accept	ab.e)	HAS	25 rain
Name:	5118 Royal Cyprus Circle		<u>-</u>	SET OF	į
Office Address:	5116 Royal Cyprus Circle		<del>-</del>	다 있었다.	
••	Tampa		_, Florida <u>33647</u>	<u></u>	
Registered agent's accep	(City)		Zip cod	高点点	•
designated in this applica to complywith the provisi	egistered agent and to accept se ution, I hereby accept the appoi ions of all statutes relative to th my position as registered agent	intment as registered a ne proper and complete	gent and agree to act	in this capaci	ty. I further ag
	(Regi	istered agent's signature)			
8. The name, title or capa	acity and address of the person(	(s) who has/have author	rity to manage is/are:		
Drew Cumens (Commun	T T	•		-	
5118 Royal Cyprus Circle	e				_
Tampa, FL 33647					
jurisdiction under the law of the translator must be s	Signatu	certificate is in a foreign a foreign a foreign authorized person	gn language, a translat	ion of the cert	ificate under oa
unis document is executed submitted in a document to	d in accordance with section 605 of the Department of State const	5.0203 (1) (b), Florida itutes a third degree fel	Statutes. I am aware the ony as provided for in	at any raise in s.817.155, F.S	).

Typed or printed name of signee

Ryan Ongoco

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VIUMBE, 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2016.

4717288 8300

Authentication: 203380857

Date: 11-22-16

SR# 20166704547

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