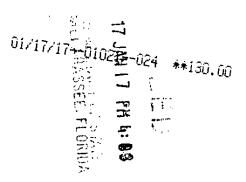
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COVER LETTER

TO:

Registration Section

Division	of Corporations					
Nir	ijacators LLC					
	N	ame of Limited Liability Co	mpany			
			on to Transact Business in Florida," Certificate of liability company to transact business in Florida			
Please return all	correspondence concerning this matte	r to the following:				
	Christian Bose					
		Name of Person				
	Ninjacators LLC					
	Firm/Company					
	244 5th Ave, Suite A-67					
	Address					
	New York, NY 10001					
		City/State and Zip Code				
	christian@ninjacators.com					
-	E-mail address: (to	be used for future annual re	port notification)			
For further inforr	nation concerning this matter, please	call:				
Christia	in Bose	646 at ()	5806877			
	Name of Contact Person		Daytime Telephone Number			
Division Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 (see, FL 32314	D R C 2	TREET ADDRESS: Division of Corporations Registration Section Clifton Building 661 Executive Center Circle Callahassee, FL 32301			
	ck for the following amount: .00 Filing Fee S130.00 Filing F Certificate of State		Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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:

City		ign Limited Liability Company; must inc	clude "Limited Liability Company," "L.L.C.," o	r "LLC.")
Delaware Delaware Delaware Journsdiction under the law of which foreign limited liability company is organized) (Ditte first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F. S. to determine penalty liability) 244 5th Ave, Suite A-67 New York, NY 10001 (Street Address of Principal Office) 244 5th Ave, Suite A-67 New York, NY 10001 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Office Address: Office Address: Office Address: (City) Registered agent's acceptance: (City) Registered agent's acceptance: (City) 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 of the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature) R. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christian Bose, CEO 244 5th Ave, Suite A-67 New York, NY 10001 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 out of the translator must be submitted) Signature of an authorized person		<u></u>	**************************************	
Company to granized Company to granized	Liability Company," "L.L.C."	ternate name adopted for the purpose of t or "LLC.")	ransacting business in Florida. The alternate na	ame must include "Limited
Comply and a vegistered agent and to accept service of process for the above stated limited liabilities comprosing at the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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: Christian Bose, CEO 244 5th Ave, Suite A-67 New York, NY 10001 (Mailing Address) (Registered agent's signature) Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christian Bose, CEO 244 5th Ave, Suite A-67 New York, NY 10001 Signature of an authorized person Signature of an authorized person	2. Delaware		3. <u>462819913</u>	
Date first transacted business in Florida, if prior to registration		of which foreign limited liability	(FEI number, if applicable	e)
(See sections 603 0904 & 605.0905, F.S. to determine penalty liability) 5. 244 5th Ave, Suite A-67 New York, NY 10001 (Street Address of Principal Office) 6. 244 5th Ave, Suite A-67 New York, NY 10001 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 3030 N. Rocky Point Dr. Tampa (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabilities company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity of further age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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: Christian Bose, CEO 244 5th Ave, Suite A-67 New York, NY 10001 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the purisdiction under the law of which it is organized. [If the certificate is in a foreign language, a translation of the certificate under oat of the translator must be submitted) Signature of an authorized person	4 01/01/2016			
Street Address of Frincipal Office) Street Address of Frincipal Office)		(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration.) 5. F.S. to determine negative liability)	
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Name: Office Address: Address		(Mailing Addre	ess)	_
Office Address: 3030 N. Rocky Point Dr.	7. Name and street addres	s of Florida registered agent: (P.O. E	Box NOT acceptable)	
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	Christian Bose, CEO 244 5th Ave, Suite A-67	. 0		
	Christian Bose, CEO 244 5th Ave, Suite A-67 New York, NY 10001 9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days of which it is organized. (If the certifi	o has/have authority to manage is/are:	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	Christian Bose, CEO 244 5th Ave, Suite A-67 New York, NY 10001 9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days of of which it is organized. (If the certifiabmitted)	o has/have authority to manage is/are:	

Typed or printed name of signee

Christian Bose

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NINJACATORS 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 SECOND DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NINJACATORS LLC"

WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2013.

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

Authentication: 203266027

Date: 11-02-16