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TO:

Registration Section

Divi	ision of Corporations				
SUBJECT:	Bobablastic LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florid			
Please return	all correspondence concerning this matter to	the following:			
	Hieu Chu				
		Name of Person			
	Bobablastic LLC				
	Firm/Company				
	614 Morgan Road				
	Address				
	Winter Haven, Florida 33880				
	City/State and Zip Code				
	Hieu.chu25@gmail.com				
	E-mail address: (to be	used for future annual report notification)			
For further in	aformation concerning this matter, please call:	:			
Tan	n Nguyen	503 442-6420 at (
	Name of Contact Person	Area Code Daytime Telephone Number			
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount: 125.00 Filing Fee Status Certificate of Status	& 🖬 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bobablastic LLC			
(Name of Fore	ign Limited Liability Company; must	include "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter al		of transacting business in Florida. The alternate	name must include "Limited
Liability Company," "L.L.C,"		04 4072429	
2. Washington State, USA	of which foreign limited liability	3. 81-1873132 (FEI number, if applical	bla
company is organized)	or which foreign finited habitity	(Fist number, if apprear	oie)
4. N/A			
		s in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	
5. Bobablastic LLC			. <u></u>
5665 Cypress Gardens	Blvd., Winter Haven, Florida 338	84	
	(Street Address of Pr	rincipal Office)	
6. 614 Morgan Road			_ 550 2
Winter Haven, Florida	33880		2017 JAN 24 PM TE 31 2017 JAN
·	(Mailing A	ddress)	一部元
7. Name and street addres	s of Florida registered agent (P.C). Box NOT acceptable)	Softe -
	Irvin Santiago		FOR R
Name:			To a
Office Address:	614 Morgan Road		Q
	Winter Haven	, Florida 33880	
Registered agent's accept	(City)	(Zip code)	
designated in this applicate to complywith the provision	tion, I hereby accept the appointr	ice of process for the above stated limited li ment as registered agent and agree to act in proper and complete performance of my du	this capacity. I further agree
	(Registe	red agent's signature)	P
•	ncity and address of the person(s) of SE 41st Drive, Vancouver, Wash	who has/have authority to manage is/are: nington 98683	
Irvin Santiago (Registered	l Agent): 614 Morgan Road, Wint	er Haven, Florida 33880	
jurisdiction under the law of the translator must be su This document is executed	of which it is organized. (If the cerubmitted) ignature of the accordance with section 605.00	rs old, duly authenticated by the official having rtificate is in a foreign language, a translation of an authorized person 203 (1) (b), Florida Statutes. I am aware that les a third degree felony as provided for in s.8	n of the certificate under oath
		inted name of signee	



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, whereby issue this

CERTIFICATE OF EXISTENCE

OF

BOBABLASTIC LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 3/25/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: January 11, 2017

UBI: 603-601-037

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



KARATA.