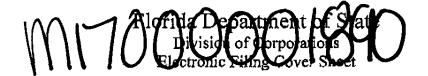
Division of Corporations

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.

(((H17000062527 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-**6**383

From:

Account Name : VCORP SERVICES, LLC

Account Number: 120080000067 Phone

; (845)425-0077

Fax Number

: (845)818-3588

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

Foreign Limited Liability Company HARMONIC CONSCIOUSNESS WORLDWIDE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. SCOTT

MAR 7 2017

Electronic Filing Menu

Corporate Filing Menu

Help

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

	IOUSNESS WORLDWIDE	LLC			
(Name of For	vign Limited Liability Company	y: must include "Climited	Liability Company," "	LLC," or "LLC.")	
bility Company," "L.L.C.	Instructe name adopted for the p	topose of transacting busi	cuess in Florids. The al	temata name raust include	"Limited
Dolaware		3			
Airladiction under the law company is organized)	of which foreign limited liabili	liy	(हिंदी इच्छाकेल, ए	applicable)	
n/a		,			
	(Date tirst transmiss to (Res pertinen 605 0004 A	outiness in Plands, if prio k 605.0905, F.S. to detern	r to registration.)	····	
2500 WESTON ROAL	D, SUITE 209, WESTON, F		and passing maxing)		
		<u></u>		<del></del>	
		u of Principal Office)	<del></del>		
2500 WESTON ROAD	), SUITE 209, WESTON, FI	LORIDA, 33326			
	· · · · · · · · · · · · · · · · · · ·				
	·	(ling Address)			
Name and atroot address	us of Plorida registered agent	t: (P.O. Box NOT acor	rptable)		
			•		
Name:	Voorp Services, LLC		-		
Name: Office Address:	Vcorp Services, LLC 5011 South State Road 7, 5	Suite   06	· 		
		Suite 106	· 		
Office Address:	5011 South State Road 7, 5 Davie (City		, Florida 33314 (Zip	code)	
Office Address: egistered sgent's accep- aving been named as re- stignated in this applica- complywith the provisic	5011 South State Road 7, 5  Davie  (Cir. tance: glussred agent and to accept the appoint of all guarante relative to my popular as registered agent popular as registered agents.)	7)  I service of process for pointment as registered the proper and completent.	Florida 33314 (Zio the above stated lim i agent and agree to the performance of t	ited Bability company act in this capacity/[	further a ulliar wh
Office Address: egistered ngent's accep- eving been named as re- signated in this applica- complywith the provisic	5011 South State Road 7, 5  Davie  (Cir. tance: glussred agent and to accept the appoint of all guarante relative to my popular as registered agent popular as registered agents.)	7) I service of process for pointment as registeres the proper and compl	Florida 33314 (Zio the above stated lim i agent and agree to the performance of t	ited Bability company act in this capacity/[	further a
Office Address:  igistered agent's accep- reing been named as re- eignwied in this applica- complywith the provision capt the obligations of a	5011 South State Road 7, 5  Davie  (City state: glussred agent and to accept the appoint of all partities relative to my position as registered agent (R.	1) service of process for pointment as registered the proper and completed.	Florida 33314 (Zip the above stated lim t agent and agree to the performance of t	ited liability company act in this capacity: I my dutier, and I am fai	further a ulliar wh
Office Address:  agistered agent's accep- tring been named as re- signated in this applica- complywith the provisic capt the obligations of a	5011 South State Road 7, 5  Davie  (City issues: glustered agent and to accept the appoint of all guarants relative to my popular as registered agent and address of the personal address of the perso	1 service of process for pointment as registered completed.  Seguritared againt's signature (xx(9) who hardware authors)	Florida 33314 (Zip the above stated lim I agent and agree to the performance of t	ited liability company set in this capacity: I my duties, and I am fai re:	further a
Office Address:  agistered agent's accep- aving been named as re- signated in this applica- complywith the provision coupt the obligations of a	Davie  City tance:  glussred agent and is accept the appoint of all guesties relative to my popular as registered agent parties and address of the person of 21793 Ybava	1) service of process for pointment as registered the proper and completed.	Florida 33314 (Zio the above stated lim i agent and agree to the performance of i	ited liability company set in this capacity: I my duties, and I am fai re:	further a
Office Address:  agistered agent's acceptiving been named as resignated in this applications of a complywith the provision cape the obligations of a The name, title or cape the Cavallaro, Manageriyah Okamoto, Manageriya	Davie  City tance:  glussred agent and is accept the appoint of all guesties relative to my popular as registered agent parties and address of the person of 21793 Ybava	service of process for political and complete service of the proper and complete services.  Registered agent's signature m(9) who has have muth a 12d Woodle 2nd 51 MIA.	Florida 33314 (Zip the above stated lim the appression and agree to sta performance of the performance of the the Hills Ci Mills Ci Mills Ci	ect in this capacity. I my duties, and I am fin	
Office Address:  egistered agent's acceptaing been named as recipitated in this applications of a complywith the provision of the complywith the provision of the complyment of the complyment of the complyment of the complyment of the complete of the continue of the cont	Davie  City and address of the person 21793 Ybava  (200 PUR)  of existence, no more than 95 of which it is organized. (If the	is service of process for polariment as registered with proper and compilers.  Seguitared agant's signature much part of the proper and compilers.  Seguitared agant's signature much part of the proper and the process of the process	the above stated time above stated time above stated time to gent and agree to state performance of a state perfor	ect to this capacity. I my diales, and I am find the capacity of the capacity	further self self self self self self self self

Typed or prested name of signee

## <u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HARMONIC CONSCIOUSNESS WORLDWIDE, 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 SIXTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARMONIC CONSCIOUSNESS WORLDWIDE, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2017.

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

.



6334954 8300

SR# 20171613306
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202147335

Date: 03-06-17