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(Re	questor's Name)	
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COVER LETTER

	istration Section sion of Corporatio	ns					
eun icot.	MERCHANT CAP	ITAL INVESTMENTS LLC	2				
SORPECT:		Name of	Limited Liability (Company			
The enclosed Existence, an	"Application by Fo	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ted liabilit	ansact Business in Florida," y company to transact busin	' Certificate ness in Flori	of da
Please return	all correspondence	concerning this matter to the	following:				
	SOHIL MERC	HANT					
		N'	ame of Person				
	MERCHANT	CAPITAL INVESTMENTS	LLC				
	_,	F	irm/Company				
	8841 CAMER	ON CREST DRIVE					
			Address				
	TAMPA, FLO	RIDA 33626				17 A	ACC.
		City/S	tate and Zip Code			APR -3	
	hitepatricia@gm						36
		E-mail address: (to be used	d for future annual	report no	tification)	P# -	71. 71.
For further in	formation concerning	g this matter, please call:				*. =	
PA	TRICIA HITE		813 at (985-20	916		क
	Name	of Contact Person	Area Code	Day	ytime Telephone Number		
Div Reg P.O	ILING ADDRESS ision of Corporation istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	_	□ \$160.00 Filing Fee, C of Status & Certified Co		

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:

	eign Limited Liability Company; mu	st include "Limited Lia	bility Company," "L.L.C.," or	"LLC.")
If name unavailable, enter al iability Company," "L.L.C.	Iternate name adopted for the purpos	e of transacting busine	ss in Florida. The alternate nar	ne must include "Limited
WYOMING	or time,)	3. 36-4861613		
(Jurisdiction under the law	of which foreign limited liability	3, <u></u>	(FEI number, if applicable)
company is organized)				
. 03/1/2017	(Date first transacted busing	es in Florida, if prior to	o registration.)	_
	(Date first transacted busine (See sections 605.0904 & 605	.0905, F.S. to determin	e penalty liability)	
8841 CAMERON CRI	EST DRIVE			_
TAMPA, FLORIDA 3	3626			=17
	(Street Address of I	Principal Office)		- 5
8841 CAMERON CRE	EST DRIVE	•		APR APR
				R-3
TAMPA, FLORIDA 3	(Mailing)	Address)	400, 4, 600, 500, 500, 50	
	· · · · ·			79
. Name and street addres	ss of Florida registered agent: (P.	.O. Box NOT accep	lable)	.
Name:	PATRICIA HITE		_	5 3
Office Address:	3010 E WATERS AVE			,,,,
Office Address:	3010 E WATERS AVE		33604	, , , , , , , , , , , , , , , , , , ,
	TAMPA (City)		, Florida 33604 (Zip code)	
degistered agent's accep laving been named as re esignated in this applica o complywith the provision	TAMPA (City)	vice of process for th tment us registered a proper and complete	ie above stated limited liab igent and agree to act in th	is capacity. I further agr
Registered agent's acception to the less of the less o	TAMPA (City) stance: registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registrative and address of the person(s)	vice of process for the timent as registered a proper and complete the time to the time the time to th	ne above stated limited liab ngent and agree to act in th e performance of my duties	is capacity. I further agr
tegistered agent's accep laving been named as re lesignated in this applica to complywith the provision accept the obligations of the obligations of the obligations.	TAMPA (City) stance: registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registress)	vice of process for the timent as registered a proper and complete the time to the time the time to th	ne above stated limited liab ngent and agree to act in th e performance of my duties	is capacity. I further agr
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tegistered agent's accep laving been named as re lesignated in this applica to complywith the provision accept the obligations of the obligations of the obligations.	TAMPA (City) stance: registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registrative and address of the person(s)	vice of process for the timent as registered a proper and complete the time to the time the time to th	ne above stated limited liab ngent and agree to act in th e performance of my duties	is capacity. I further agr
Registered agent's acceptaving been named as relesignated in this applicate complywith the provision of the obligations of the obligations of the name, title or capased the manner of the control of the	TAMPA (City) Itance: registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registrative and address of the person(s) ANAGING MEMBER reference, no more than 90 day of which it is organized. (If the cubmitted)	vice of process for the timent as registered a proper and complete tered agent's signature) who has/have autho	ne above stated limited liable agent and agree to act in the performance of my duties rity to manage is/are: cated by the official having gn language, a translation of	is capacity. I further agr

Typed or printed name of signee

SOHIL MERCHANT

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

MERCHANT CAPITAL INVESTMENTS LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 15, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000709197**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of March, 2017 at 7:34 AM. This certificate is assigned 022643625.

Secretary of State

SEURLTARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.