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FILED 2011 JUNI 16 AM 8:50 DEPARTMENT OF TAXE SECRETARY OF STATE 17 JUNI 16 PH 4-16

K. SALY

Former y known as Former y known as CORPORATE CORPORATE The Right Response at the Right Time, Every Time:	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 <b>866.625.0838</b> COGENCYGLOBAL.COM
Date: June 16, 2017	Account#s120000000887
Name: Michelle Walker	
Reference #: <b>T010491</b>	
Entity Name:	
Articles of Incorporation/Authorization to Transact-Busin	ëss-
Change of Agent	
Reinstatement	
Merger	
Dissolution/Withdrawal	
Fictitous Name	
Other	
Please include a copy of cover letter with returned evic	lénceThanks!

Please note: If authorized amount is incorrect? please call Michelle at 518-213-0737

i

Authorized Amount: \_\_\_\_\_\_ #125 5 Signature: Michelle Walker

**@EUROPEAN HQ** COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES REGISTRY #BOIG712 6 BEMIS MARKS, 19 FU LONDON EC3A 78A +44 (0)20.3786.1090

TASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY INFINITUS PLAZA, 121- FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803

## 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:

## 1 LS DE LLC

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2. Delaware   3. 37-1831751     (Introduction under the two of which foreign limited liability company is organized)   (PET number, if applicable)     (Introduction under the two of which foreign limited liability company is organized)   (PET number, if applicable)     (Introduction under the two of which foreign limited liability company is organized)   (PET number, if applicable)     (Introduction under the two of which foreign limited liability company is of 0000 k f.5. to determine penalty liability)   6. (Introduction Under the penalty liability)     2600 Lucien Way, Suite 100   2600 Lucien Way, Suite 100   Natiliand, Florida 32751     2600 Lucien Way, Suite 100   2600 Lucien Way, Suite 100   Natiliand, Florida 32751     7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Name:   F & L Corp.     Office Address:   One Independent Drive Suite (300   (Jip cade)     Jacksonville, Florida   (Sig)   , Florida 32202-5017     (Cig)   (Cig)   (Cig)   (Jip cade)     tesignated in this application, I hereby accept the appointment as registered agent and agent and agent and agent and to accept service of process for the above stated limited liability company at the place (sagnated in this application, I hereby accept the the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.     (Registered age		name adopted for the purpose of transacting business in Fle	londs The alternate name must include "Limited Linbility Company," "L.L.C," or "LI.C,")		
(Inside tion under the law of which foreign fluinted fability company is organized?   (FEI number, If spole fab: (FEI number, If spole fab:	Delaware		3 37-1831751		
(Due Instantanced business in Florida (19905, F.S. to determine presention) (See sections 603 9004 & 6.     (See sections 603 9004 & 6.     (Mailing Address)     (Cig) <td <="" colspan="2" th=""><th>(Jurisdiction under the law of w</th><th>hich foreign limited liability company is organized)</th><th>(FEI number, if applicable)</th></td>	<th>(Jurisdiction under the law of w</th> <th>hich foreign limited liability company is organized)</th> <th>(FEI number, if applicable)</th>		(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)
(One flut transacted business in Florida, if optice to reparticular), iSce sections 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 603 9004. & 704 9000. &					
1/Street Address of Principal Office)   6.   (Mailing Address)     2600 Lucien Way, Suite 100   2600 Lucien Way, Suite 100   Mailland, Florida 32751     Mailland, Florida 32751   Mailland, Florida 32751   2600 Lucien Way, Suite 100     Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Mailland, Florida 32751   Mailland, Florida 32202-5017     Office Address:   One Independent Drive Suite 1300	·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to detern	o registration.) nine penaity liability )		
(Mailing Address of Phonopal Office)     (Mailing Address)     2600 Lucien Way, Suite 100     Maitland, Florida 32751   2600 Lucien Way, Suite 100     Maitland, Florida 32751   Maitland, Florida 32751     Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Maitland, Florida 32751     Name:   F & L Corp.     Office Address:   One Independent Drive Suite 1300     Jacksonville, Florida   , Florida 32202-5017     (City)   (City)     Registered agent's acceptance:   Iacksonville, Florida     lawing been named as registered agent and to accept service of process for the above stated limited liability company at the place     esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familitar with and accept the obligations of my position as registered agent's signature?     (Registered agent's signature?   Mame and Address:     (Registered agent's signature?   Title or Capacity:     (Registered agent's signature?   Signature?     (Registered agent's acceptance:   Title or Capacity:     (Registered agent's signature?   Signature?     (Regi					
Maitland, Florida 32751   Maitland, Florida 32751     Name and street address of Florida registered agent: (P.O. Box NOT acceptable)     Name:   F & L Corp.     Office Address:   One Independent Drive Suite 1300     Jacksonville, Florida	(Street Address of		(Mailing Address)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)     Name:   F&L Corp.     Office Address:   One Independent Drive Suite 1300     Jacksonville, Florida   . Florida 32202-5017     (City)   (City)     (City) <td></td> <td></td> <td></td>					
Name:   F & L Corp.     Office Address:   One Independent Drive Suite 1300     Jacksonville, Florida	Maitland, Florida 327	51	Maitland, Florida 32751		
Name:   F & L Corp.     Office Address:   One Independent Drive Suite 1300     Jacksonville, Florida			tio F		
Office Address:   One Independent Drive Suite (300     Jacksonville, Florida   , Florida     Jacksonville, Florida   , Florida     (City)   , Genetic the proper and complete performance of my duties, and I am familiar with     (Repistered agent's signature) </td <td>. Name and street addre</td> <td>ss of Florida registered agent: (P.O. Bo)</td> <td>x <u>NOT</u> acceptable)</td>	. Name and street addre	ss of Florida registered agent: (P.O. Bo)	x <u>NOT</u> acceptable)		
Jacksonville, Florida   , Florida   32202-5017 (7ip code)     Registered agent's acceptance:   (City)   , Florida   32202-5017 (7ip code)     Idaying been named as registered agent and to accept service of process for the above stated limited liability company at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.     Registered agent's signature)   (Registered agent's signature)     R. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> Name and Address:     Manager   Danie (Amboico 2600 Lucien Way, Suite 100 Maitland, Florida 32751	Name:	F & L Corp.	03 M		
Jacksonville, Florida   , Florida   32202-5017 (7ip code)     tegistered agent's acceptance:   (City)   , Florida   32202-5017 (7ip code)     tegistered agent's acceptance:   (City)   , Florida   32202-5017 (7ip code)     tegistered agent's acceptance:   (City)   , Florida   32202-5017 (7ip code)     tegistered agent and to accept service of process for the above stated limited liability company at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.     (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: <u>Title or Capacity:</u> Name and Address: <u>Danie ( Ambóco</u> <u>2600 Lucien Way, Suite 100</u> <u>Maitland, Florida 32751</u> Name and Address:		One Independent Drive Suite 1300	j.		
Registered agent's acceptance:     laving been named as registered agent and to accept service of process for the above stated limited liability company at the place     esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree     o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with     nd 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:     Title or Capacity:   Name and Address:     Manager   D anie ( Ambrico     2600 Lucien Way, Suite 100   Maitland, Florida 32751	Office Address:		,		
Registered agent's acceptance:     laving been named as registered agent and to accept service of process for the above stated limited liability company at the place     esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree     o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with     nd 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:     Title or Capacity:   Name and Address:     Manager   D anie ( Ambrico     2600 Lucien Way, Suite 100   Maitland, Florida 32751			, Florida <u>32202-5017</u>		
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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   Name and Address:   Name and Address:     Manager   Danie (Ambrico)   Name and Address:   Name and Address:     Manager   Danie (Ambrico)   Name and Address:   Name and Address:     Manager   Danie (Ambrico)   Name and Address:   Name and Address:     2600 Lucien Way, Suite 100   Maitland, Florida 32751	Instract hear named on a	colstand an and and to account complete of	monary for the above stated limited limbility sources at the place		
Title or Capacity:   Name and Address:   Title or Capacity:   Name and Address:     Manager   Daniel Ambrico.   2600 Lucien Way, Suite 100	esignated in this applice comply with the provis	ntion, I hereby accept the appointment a ions of all statutes relative to the proper	as registered agent and agree to act in this capacity. I further agree		
Manager Daniel Ambrico.   2600 Lucien Way, Suite 100   Maitland, Florida 32751	esignated in this applice comply with the provis	ntion, I hereby accept the appointment a sions of all statutes relative to the proper is of my position as registered agent.	as registered agent and agree to act in this capacity. I further agree or and complete performance of my duties, and I am familiar with MBH		
2600 Lucien Way, Suite 100 Maitland, Florida 32751	esignated in this applica comply with the provis nd accept the obligation 3. The name, title or cap	ntion, I hereby accept the appointment of sions of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who h	as registered agent and agree to act in this capacity. I further agree or and complete performance of my duties, and I am familiar with <i>WBA</i> s signature) as signature)		
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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 oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

AUDRO	
Signature of an nuthorized person	
Luz Hernandez	
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Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LS DE 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 SIXTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LS DE LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2016.

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

FILED FILED

Page 1



Jattirev W. Rul

Authentication: 202722297 Date: 06-16-17

6077781 8300 SR# 20174792137

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