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2017 JUN 20 AH 9: 54 SECRETARY OF STATE TALL AHASSEE FLORIDA

J. HARRIS

### **COVER LETTER**

TO:

TO:		ation Section n of Corporation	s				
SUBJI		atkyn LLC					
SUDJI	EC1		Name of	Limited Liability (	Сотрапу	<del></del>	
The en Exister	closed "A	pplication by Fore	eign Limited Liability Com I to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," C company to transact busine	Certificate of ss in Florida.
Please	return all	correspondence c	oncerning this matter to the	following:			
		Phillip Dennis					
			<u> </u>	lame of Person			
		Watkyn LLC					
Firm/Company							
		2719 Hollywoo	d Blvd.				
				Address			
		Hollywood, FL	33020				
			City/s	State and Zip Code			
		p.dennis@watky	1.00				
			E-mail address: (to be use	ed for future annual	report not	fication)	
For fu	rther infor	mation concerning	g this matter, please call:				
	Phillip	Dennis		954 at (	900-669	90	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 assee, FL 32314			Division of Registratic Clifton Big 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclos		eck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cer 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:

3. 81-0785822  (FEI nu sistration.) penalty liability)	mber, if applicable)
	moer, ir applicable)
gistration.) penalty liability)	
pstration.) penalty liability)	
6. 2719 Hollywood Blvd.	34
(Mailing Ad Hollywood, FL 33020	ou(ess)
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NO1 acceptable)	ORE N
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, Florida (Zip c	
mature)	
/havo authority to manage is/are:	
Title or Capacity:	Name and Address:
•	
ally authenticated by the official is in a foreign language, a transl	
	ation of the certificate under a
	Hollywood, FL 33020  NOT acceptable)  , Florida 33020  (Zip cocess for the above stated limite registered agent and agree to and complete performance of minature)  (have authority to manage is/are)

Typed or printed name of signee

## 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,

#### **WATKYN LLC**

### is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 8, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000701329**.

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 17th day of June, 2017 at 1:57 PM. This certificate is assigned 023376326.



Secretary 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.