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ENTITY NAME:

BUNGUI, LLC

CH# 7643 FOR \$320.00 (\$160.00 for this filing)

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XXX CERTIFICATE OF STATUS

Examiner's Initials

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:

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting busin	sess in Florida, The alternat	te name must include "Limited Liab	oiliny Company," "L.L.C," or "LLC.")
_{2.} Delaware		3		er, if applicable)
(lurisdiction under the law of w	hich foreign limited liability company is organize	ed)	(FEI numbe	er, if applicable)
4			,	
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.	if prior to registration.) to determine penalty liabili	iry)	
5. c/o 8950 SW 74th Ct. (Street Address of)	Ste 1901	6	(Mailing Adde	
(Sucet Address of S Miami, FL 33156	Principal Office)		(Mailing Addn	ess)
	·			
7. Name and street addre	ss of Florida registered agent: (P.	O. Box <u>NOT</u> acce	ptable)	HAS NOT THE
Name:	Atrium Registered Agents, Inc.			SER O
0.07	8950 SW 74th Ct. Ste. 1901			FF A
Office Address:	0,50 0 7 740, 01. 510. 1501			LON SIN
	Miami		Florida 33156	ORIDA
Registered agent's accep	(City)		(Zip cook	5) 3-
o comply with the provis	ions of all statutes relative to the s of my position as registered ag	proper and complent.	t agent fund agree to act lete performulce of my o	in inis capacity. I Juriner ay duties, and I am famillar wil
o comply with the provis	ions of all statutes relative to the s of my position as registered age Felipe Frias, VP Atrium Regista	proper and complent. ered Agents, Inc.	ete performulce of my o	in this capacity. I juriner ag duties, and I am familiar wit
o comply with the provisund accept the obligation	ions of all statutes relative to the s of my position as registered ago Felipe Frias, VP Atrium Register (Registered)	proper and complent. ered Agents, Inc.	ete petformulce of my o	in this capacity. I juriner ag duties, and I am familiar wit
to comply with the provisund accept the obligation	ions of all statutes relative to the s of my position as registered age Felipe Frias, VP Atrium Regista	proper and complent. ered Agents, Inc. ed agent's signature) who has/have auth	ete petformulce of my o	in this capacity. I further ag duties, and I am familiar wit
to comply with the provisuand accept the obligation 8. The name, title or cap	Felipe Frias, VP Atrium Register acity and address of the person(s) Name and Address: Felipe Frias as Trustee	proper and compleent. ered Agents, Inc. ed agent's signature) who has/have auth Title	nority to manage is/are:	duties, and I am familiar wit
to comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity:	Felipe Frias, VP Atrium Register acity and address of the person(s) Name and Address: Felipe Frias as Trustee Dorta Duque Family 1	proper and compleent. ered Agents, Inc. ed agent's signature) who has/have auth Title c of the	nority to manage is/are:	duties, and I am familiar wit
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o comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity:	Felipe Frias, VP Atrium Register acity and address of the person(s) Name and Address: Felipe Frias as Trustee Dorta Duque Family 1	proper and compleent. ered Agents, Inc. ed agent's signature) who has/have auth Title c of the	nority to manage is/are:	duties, and I am familiar wit
to comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity:	Felipe Frias, VP Atrium Register acity and address of the person(s) Name and Address: Felipe Frias as Trustee Dorta Duque Family 1 8950 SW 74th Ct. #19	proper and compleent. ered Agents, Inc. ed agent's signature) who has/have auth Title c of the	nority to manage is/are:	duties, and I am familiar wit
o comply with the provisual accept the obligation 8. The name, title or cap Title or Capacity: MGR	Felipe Frias, VP Atrium Register acity and address of the person(s) Name and Address: Felipe Frias as Trustee Dorta Duque Family 7 8950 SW 74th Ct. #19 Miami, FL 33156	proper and compleent. ered Agents, Inc. ed agent's signature) who has/have auth Title c of the	nority to manage is/are:	dutles, and I am famillar wit
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Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BUNGUI, 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 TWENTIETH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUNGUI, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2011.

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

4954945 8300 SR# 20174851381 Authentication: 202742617

Date: 06-20-17