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| . (R | equestor's Name) | | | |
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| (A | ddress) | | | |
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| (C | ity/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (E | Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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DIVISION OF CORPORATIONS

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COVER LETTER

Registration Section Division of Corporations

TO:

| | ALOOKA HOLDI | | Limited Liability | Company | |
|-----------------------------|---|--|------------------------------------|--|---|
| | | | | | ansact Business in Florida," Certificate ty company to transact business in Florid |
| Please return al | l correspondence | concerning this matter to the | following: | | |
| | Angeline Mil | | | | |
| | | N | ame of Person | | |
| | TALOOKA H | OLDINGS, LLC | | | |
| | | F | irm/Company | | |
| | 7381 Cedar | Ave. | | | |
| | | | Address | | |
| | Jessup, MD 2 | 0794 | | | |
| | | City/S | tate and Zip Code | ; | |
| | yaahta@hotma | | | | |
| | | E-mail address: (to be use | d for future annua | l report no | tification) |
| For further info | rmation concernit | ng this matter, please call: | | | |
| Ange | line Mitchell | | at (619 | 708-0 | 794 |
| | Name | of Contact Person | Area Code | Day | ytime Telephone Number |
| Divisio Regist P.O. B | JNG ADDRESS on of Corporation ration Section lox 6327 assee, FL 32314 | | | Division Registrat Clifton E 2661 Exe | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301 |
| | neck for the follow 5.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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. TALOOKA HOLDINGS, | | | |
|--|--|--|----------------|
| (Name of Fore | ngn Limited Liability Company, must include "Limi | ted Liability Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter al Liability Company," "L.L.C," | | business in Florida. The alternate name must include "Limited | |
| 2 Nevada | 3 | (FEI number, if applicable) | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | prior to registration.) etermine penalty liability) OF COMMICA ATTOMS | |
| 4. | (Date first transacted business in Florida, if | prior to registration | 71 |
| | (See sections 605.0904 & 605.0905, F.S. to de | etermine penalty liability) | مست |
| 5. 4730 S. Fort Apache Ro | ad. Suite 300 | | 1 |
| Las Vegas, NV 8914 | | cor. | - [] |
| | (Street Address of Principal Office | | • |
| 6. 7381 Cedar Ave. Jess | sup, MD 20794 | | 2 |
| | | | ,• |
| | (Mailing Address) | | |
| 7. Name and street address | s of Florida registered agent: (P.O. Box NOT | acceptable) | |
| Name: | Registered Agents Inc. | *************************************** | |
| Office Address: | 3030 N. Rocky Point Dr. STE 150A | | |
| | Tampa | Florida 33607 | |
| | (City) | (Zip code) | |
| | gistered agent and to accept service of process | for the above stated limited liability company at the pla | |
| designated in this applicate to complywith the provision | tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and co | tered agent and agree to act in this capacity. I further a implete performance of my duties, and I am familiar wi | gree th and |
| | ny position as registered agent. | | |
| | Fill have | | |
| | (Registered figent's sig | nature) | |
| 8. The name, title or capa | city and address of the person(s) who has/have | authority to manage is/are: | |
| Angeline Mitchell, Mar | nager: 7381 Cedar Ave. Jessup, MD 207 | '94 | |
| | | | |
| | | | |
| 9. Attached is a certificate | of existence, no more than 90 days old, duly as | uhenticated by the official having custody of records in th | ne |
| jurisdiction under the law | of which it is organized. (If the certificate is in | a foreign language, a translation of the certificate under or | |
| of the translator must be su | iomitted) | | |
| | Signature of an authorize | d nerson | |
| This document is assessed to | |) . | |
| submitted in a document to | the Department of State constitutes a third deg | lorida Statutes. I am aware that any false information ree felony as provided for in s.817.155, F.S | |
| | Angeline Mitchell | | |
| | Typed or printed name of | signee | |

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, TALOOKA HOLDINGS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 6, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 5, 2017.

Barbara K. Cegavske

Secretary of State

Electronic Certificate
Certificate Number: C20170505-1182
You may verify this electronic certificate
online at http://www.nvsos.gov/