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TO:	Registration Section Division of Corporations				
SUBJI	Stranorlar, LLC				
.,012,1		Name of Limited Liab	ibility Company		
The en Exister	aclosed "Application by Foreign Lim nee, and check are submitted to regis	ited Liability Company for Authore the above referenced foreign	athorization to Transact Business in Florida," Certific gn limited liability company to transact business in F	rate of lorida.	
Please	return all correspondence concernin	g this matter to the following:			
	Morgan Bottger				
		Name of Perso	son		
	Liberis Law Firm				
	Firm/Company				
	212 West Intendencia				
	Address				
	Pensacola, FL 32502				
	City/State and Zip Code				
	MBottger@liberislaw.com	١			
	E-mail	address: (to be used for future a	annual report notification)		
For fur	rther information concerning this ma	tter, please call:			
	Morgan Bottger	850 at (438-9647		
	Name of Contac		a Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301		
Enclos			00 Filing Fee & \$\Begin{align*} \Bar{\text{\$160.00 Filing Fee, Certificate} \\ \text{d Copy} & \text{of Status & Certified Copy} \end{align*}	e	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Stranorlar, LLC (Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LI.C.")	<u> </u>	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Lunited Lia	bility Company," "L.E.C," or "LLC,")	
2 Wyoming				
<u></u>	high foreign limited hability company is organized)	S(FEI numb	ber, if applicable)	
4	(Date first transacted business in Florida, if prior to re (See sections 605,0904-8, 605,0905, F.S. to determin	egistration) to penalty liability)		
5. 755 Grand Boulevard		6. 755 Grand Boulevard		
(Street Address of I Suite 105 B-340	rincipal Office)	(Mailing Address) suite 105 B-340		
Miramar Beach, FL 32550		Miramar Beach, FL 32550		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	57.	
Name:	Morgan Bottger, Esq.		ררא ררא	
Office Address:	212 West Intendencia Street		HAS HAS	
	Pensacola	, Florida 32502	SEI SEI	
designated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent. (Registed agents of	registered agent and agree to act and complete performance of my	in this capacity of further agree	
8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who has Name and Address:	s/have authority to manage is/are: Title or Capacity:	Name and Address:	
MGR	755 Grand Blvd	MGR	755 Grand Blvd	
	Suite 105 B-340	· · · · · · · · · · · · · · · · · · ·	Suite 105 B-340	
	Miramar Beach, FL 32550		Miramar Beach, FL 32550	
	Gregory O'Brid	en	word O, Bliev	
		·		
(Use attachments if neces				
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	e is in a foreign language, a translat	ion of the certificate under oath	
	uted in accordance with section 605.0203 the Department of State constitutes a thin Mogny Signals			

Typed or printed name of signee

Morgan Bottger, Esq.

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,

Stranorlar, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 20, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000739762**.

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 10th day of July, 2017 at 9:48 AM. This certificate is assigned 023550417.



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.