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### COVER LETTER

•	ation Section i of Corporation	ıs					
SUBJECT:	Mexkad	eh capital	LLC				
<u></u>		N	lame of Limite	ed Liability Co	ompany		
						unsact Business in Florida," company to transact busir	
Please return all o	correspondence c	oncerning this matte	er to the follov	ving:			
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			Name o	f Person			
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			City/State ar	nd Zip Code			
	Meykad	eh Capital LL	(@gma	il.com			
-	_ <del></del>	E-mail address: (10	be used for f	uture annual r	report not	ification)	
For further inform	mation concerning	g this matter, please	call:				
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<del></del>	Name o	f Contact Person	at (	Area Code	Day	8 – 1112 time Telephone Number	
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Meykadeh Capit	al LLC imited Liability Company; must include "Limit	ed Liability	Company," "L.L.C.," or "LLC.")	
	me adopted for the purpose of transacting business in Fl			tu Community I ( " or will C ")
2. State of MIS	Souri ch foreign finited liability company is organized)	3.	82-1897357 (FEI number	r. if applicable)
4. 7/17/20	7	_		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	nine penalty la	ability)	
5. 2847 S. Ingran	n Mill Road Ship A100	6.	611 Michigan au	e apt 6
(Street Address of Pr	ncipal Office)	-	611 Michigan au Malling Addre Miami Boach, F	wi
incorp services,	<u> </u>	-	Miami Boach, F	L 33(39
Springfield MO	65804	_		70 = 70
· ·				FILE 19 P
7. Name and street address	of Florida registered agent: (P.O. Bo:	x <u>NOT</u> ac	ceptable)	
N.,	Carolali Alcommodogna			S 7 9 -
Name:	Segerati Organitari Mani	!		150 7
Office Address:	Seyedali Bhaemmaghami 611 michigan ave c Miami Beach,	apt 6	<del></del>	PR 3: 39 REFERENCE
	Miani Brach		33139	25
	(City)		(Zip code)	
Registered agent's accept	ance:			
	istered agent and to accept service of			
	on, I hereby accept the appointment on ons of all statutes relative to the prope			
	of my position as registered agent.	, <b>u</b> (0///	incre personnance of my a	mica, and I am juminar with
	s. Arighayhi			
•	(Registered agent	s signature)		<del></del>
	2	•		
	rity and address of the person(s) who h			
Title or Capacity:	Name and Address:	110	e or Capacity:	Name and Address:
Manager	sevedali Ghaemmaghan 611 Michigan avs apt 6	<u>ni</u>		
<b>J</b>	611 Michigan ava apt 6	_		
	Miani Beach Ft. 33134	7-		
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(Use attachments if necess	ıry)			
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	of existence, no more than 90 days old, I which it is organized. (If the certifica			
of the translator must be sul		ic is mai	oreign language, a translatie	on of the certificate under Gath
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	ted in accordance with section 605.020			
submitted in a document to	the Department of State constitutes a th	_	- '	817.155, F.S.
_	p. Arist	astri		
	Signature	e of an authori	zed person	
	السلمام	Clara.		
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# STATE OF MISSOURI



#### John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT. Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Meykadeh Capital LLC LC001543776

was created under the laws of this State on the 16th day of June, 2017, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 28th day of June, 2017.

Becretary of State

Certification Number: CERT-06282017-0130