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Florida Department of State DIVISION OF CORPORATIONS P. O. Box 6327 Tallahassee, FL 32314

Re: Ulistic LLC

),

Dear Sir/Madam:

Pursuant to your letter of July 27, 2017, enclosed is the corrected Application for Ulistic LLC for authorization to transact business in Florida.

Should you have any questions, please feel free to contact me at 775-884-8308. Thank you for your attention to this matter.

Sincerely,

KAEMPFER CROWELL

Document2 Chent/Matter

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

IN COMPLIANCE WITH SECTION 805 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPART TO THANSACT BUSINESS IN THE STATE OF FLORIDA 1. ULISTIC LLC (Name of Fereign Ulmited Liability Company, must include "Limited Liability Company," "L.L.C.," of "Ll.C.") (If some unavariable, enter alternate name adapted for the purpose of transacting business in Florida, The alternate name must include "I busted Liability Company," "L.L.C." or "LLC.") _{3.} 99-0375152 (I El curcott, il applicable) (hirridiction under the law of which inteless limited trability company is organized) 6. 1712B High Ridge Orive 5. 211 Circle Park Drive (Mailing Add (Street Address of Processal Office Sebring, FL 33870 Sebring, FL 33870 7. Name and street address of Florida registered agent: (P.O. Box MOT acceptable) Corporate Creations Network Inc. None: 11380 Prosperity Rd., #221E Office Address: Palm Beach Gardens Cio co4s) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famillar with and accept the obligations of my position as registered agent. Lauren Vadney, Special Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Nume and Address: Title or Capacity: Name and Address: Title or Capacity: Stuart R Crawford Managor 1712 High Ridge Cade 3.6.60 FL 3331C (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted). Signature of an authorized perfec-

10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. Lam aware that any false information

Typed or printed mane of signer

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stuart R. Crawford

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, ULISTIC 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 March 30, 2012, 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 July 19, 2017.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170719-1590
You may verify this electronic certificate
online at http://www.nvsos.gov/