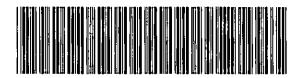
M1700006654

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| W17-59336 RASign+Cuo |
| Office Use Only |



800301226938

07/14/17--01021--009 ++125.00

DIVISION OF CONFORATION 17 AUG - 3 AM 9: 24

M. MILLIGAN AUS 07 2017

COVER LETTER

| | tration Section ion of Corporation | , ns' | | | | | |
|--|--|---|------------------------------------|-----------|---|--------|--|
| SUBJECT: _ | Worldclear Services LLC Name of Limited Liability Company | | | | | | |
| SOBJECT | | | | | | | |
| | | | | | ansact Business in Florida," Ce y company to transact business | | |
| Please return a | Il correspondence | concerning this matter to the | following: | | | | |
| | Rajesh Nandwa | ıni | | | | | |
| | | N | ame of Person | | | | |
| | Worldclear Ser | vices LLC | | | | | |
| | | F | irm/Company | <u> </u> | | | |
| | 14609 SW 95th LN | | | | | | |
| | | | Address | | | | |
| | Miami, FL 331 | 86 | | | | | |
| | | City/S | tate and Zip Code | <u>-</u> | | | |
| | kinginvestments | @gmail.com | | | | | |
| | | E-mail address: (to be use | d for future annual | report по | tification) | | |
| For further info | ormation concernin | g this matter, please call: | | | | | |
| Rajes | h Nandwani | | 305 at (| 527-99 | 46 | | |
| | Name o | f Contact Person | Area Code | Day | ytime Telephone Number | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| | heck for the follow 25.00 Filing Fee | ing amount: \$\Boxed{\text{I}} \ \$130.00 \text{Filing Fee & Certificate of Status}\$ | □ \$155.00 Filin Certified Copy | g Fcc & | ☐ \$160.00 Filing Fee, Certified Copy | ficate | |



July 18, 2017

RAJESH NANDWANI WORLDCLEAR SERVICES LLC 14609 SW 95TH LN MIAMI, FL 33186

SUBJECT: WORLDCLEAR SERVICES LLC

Ref. Number: W17000059336

We have received your document for WORLDCLEAR SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karan A Saly
Regulatories pecialist II

VIII A STATE OF THE STATE OF T

Letter Number: 817A00014549

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, other alternate name altoped for the purpose of transacting business in Plorids. The alternate name mass include "Limited Liability Company," "LL.C." or "LLC." or "L | Name of Foreign | Limited Liability Company; must include "Limite | d Liability Company," "L.L.C | C.," or "LLC.") | | | |
|--|---|---|---|---|--|--|--|
| (Due first transacce besides of Plorida 2015/998, F.S. to determine penalty liability) [See Roders of Principal Office) | If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | rida. The alternate name must incl | hude "Limited Liability Comp | any," "L.L.C," or "LLC.") | | |
| (Date dott immediate beared which foreign limited liability company is organized) (Date first immediate beares: in Florida of prior to requiration) (See sections 603.09M4 & 603.0905, F.S. to determine penalty liability) (See sections 603.09M4 & 603.0905, F.S. to determine penalty liability) (See Address of Principal Office) (Street Address of Principal Office) (Singer Address) (City) (C | | | 3_ | | | | |
| 140 Ist Ave North, Suite 301 Street Address of Principal Office | (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI number, if applic | able) | | |
| 1140 1st Ave North, Suite 301 Street Address of Principal Office) Street Address of Florida registered agent: (P.O. Box NOT acceptable) | · | | | | c | | |
| Billings, MT 59101 USA Billings, MT 59101 USA Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Rajesh Nandwani Office Address: 14609 SW 95th LN Miami , Florida 33186 (City) | - | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) ine penalty liability) | | TOTAL S | | |
| Billings, MT 59101 USA Billings, MT 59101 USA Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Rajesh Nandwani Office Address: 14609 SW 95th LN Miami Florida 33186 (City) (City) (City) Registered agent's acceptance: (City) Registered agent and to accept service of process for the above stated limited liability company at the assignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent. Rajesh Nandwani Rajesh vandwani (Registered agent) (Registered agent | 1140 1st Ave North, St | uite 301 | 6. 1140 1st Ave N | North, Suite 301 | 里學 | | |
| Name: Rajesh Nandwani Office Address: Rajesh Nandwani Legistered agent's acceptance: Rajesh Nandwani Registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent. Rajesh Nandwani Rajesh | | Principal Office) | - · · · · · · · · · · · · · · · · · · · | | | | |
| Name: Rajesh Nandwani Office Address: 14609 SW 95th LN Miami , Florida 33186 (City) | | | | <u> </u> | | | |
| Name: Rajesh Nandwani Office Address: 14609 SW 95th LN Miami , Florida 33186 (City) | | | | | .0 | | |
| Office Address: Miami Florida 33186 (Zip code) | . Name and street addres | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | 2 | | |
| Office Address: Miami Florida 33186 (Zip code) | Name: | Rajesh Nandwani | | | > | | |
| Miami , Florida 33186 Registered agent's acceptance: Idving been named as registered agent and to accept service of process for the above stated limited liability company at the estignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent. Rajesh Nandwani | | | | | | | |
| legistered agent's acceptance: Aving been named as registered agent and to accept service of process for the above stated limited liability company at the esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. Rajesh Nandwani | Office Address: | 14009 SW 93th Liv | | | | | |
| legistered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated limited liability company at the estignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent. Rajesh Nandwani Rajesh | | | , Florida | 33186 | <u>. </u> | | |
| Title or Capacity: Manager Rajesh Nandwani 14609 SW 95th LN Miami, FL 33186 (Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records is a risidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) O. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information of the certificate in formatic translation of the certificate information of the certificate informatio | na accept the obligation. | Rajesh Nandwani Ray Osh | Wandu an | ^ | | | |
| Manager Rajesh Nandwani 14609 SW 95th LN Miami, FL 33186 (Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records is unisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) O. This document is executed in accordance with section-605.0203 (1) (b), Florida Statutes. I am aware that any false information in the certificate is in a foreign language. | | | | | 2.4.11 | | |
| (Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records is unisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) O. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information of the certificate under the translator must be submitted) | | | THE OF Capacity | <u>/:</u> <u>Name</u> | e and Address: | | |
| Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records is prisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | - Ivianagei | | - | | | | |
| Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in irrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) One of the translator must be submitted. One of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted.) | | Miami, FL 33186 | - - | | | | |
| Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in irrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) On This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information | | | | | | | |
| Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in irrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) On This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information | | | | | | | |
| Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in irrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) On This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information | | | _ | | | | |
| urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) O. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information | Use attachments if neces | sary) | | | | | |
| 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information abmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person | risdiction under the law | of which it is organized. (If the certificat | duly authenticated by the is in a foreign languag | ne official having cus ge, a translation of th | tody of records in the e certificate under oa | | |
| Signature of an authorized person | 0. This document is execution to the document | uted in accordance with section 605.020. the Department of State constitutes a th | 3 (1) (b), Florida Statute ird degree felony as pro | es. I am aware that an vided for in s.817.15 | y false information 5, F.S. | | |
| | | Signature | of an authorized person | | | | |

Typed or printed name of signee



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

Worldclear Services LLC

duly filed its Articles of Organization in this office on **July 06, 2017,** and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 31st day of July, 2017.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 073120170907