(Requestor's Name) (Address)	
(Address)	80030265
(City/State/Zip/Phone #)	08/18/1701006-
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
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INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
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ECIAL STRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

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: CONWAY ORLANDO INVESTMENTS LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.C.") (If name transvallable, order afternate name adopted for the purpose of transacting business will florida. The alternate name must exclude "Limited Liability Company," "LLC," or "LLC," or "LLC," DELAWARE 3. 81-3550860 (Juradiction under the law of which foreign lensted liability company is organized) (FEI number, if applicable) (Date first transacted business in Flurids, if prior to registration.) (See sections 605.0904 & 605.0905; F.S. to determine penalty liability). 5. 1623 SW 1ST AVE 6. 1623 SW 1ST AVE (Street Address of Principal Office) OCALA, FL 34471 OCALA, FL 34471 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REDDY KICHAKULI.A N Name: 11265 BRIDGEHOUSE ROAD Office Address: WINDERMERE 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity; Name and Address: Title or Capacity; Name and Address: MGRM K RENUKA REDDY 11265 BRIDGEHOUSE RD WINDERMERE, FL 34786 (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 oath of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. ic. Remon Redly

Typed or printed name of aignee

K RENUKA REDDY



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONWAY ORLANDO INVESTMENTS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONWAY ORLANDO INVESTMENTS, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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SR# 20175774468

Authentication: 203077014

Date: 08-17-17