

To:18506176383

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To:

Division of Corporations

Fax Number : (850) 517-6333

From:

Email Address: selway,ange@gmail.com

Account Name : EARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Pax Number : (302)845-1280

**Sote: the omail address for this business entity to be used for future Annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company Natus Enterprises, LLC

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

IN COMPLIANCE WITH NECTION 6/15/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Natus Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L. L. C., or "LI C.") Of some miscral side, order alternate name adopted for the purpose of transacting Isismess or Florida. The afternate name is not include "Limited Lisiotiny Company," "L.L.C." or "LLC.") Carisdiction under the law of which towards timited liability company is organized) (Date first transacted business in Plotkla, if prior to regartation.) (See sections 505.0904 & 605.0905, F.S. in determine penalty (atolity) 48 S. Brooksville Ave. 18 S. Brooksville Ave (Street Address of Principal Office) (Macing Address) Brooksville, FL 34601 Brooksville, FL 34601 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) John Brockman Name: 18 S. Brooksville Ave Office Address: Brooksville Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company of the player 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 familiar with and accept the obligations of my position as registered agent.

(Reprieted agent's agent's agentic) 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: Manager Jehn Brockman 18 S. Brooksville Ave Brooksville, Fl. 34601 (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 jurisduction 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 o05.0203 (1) (b). Fforida 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 8.817.155, F.S. John Brockman Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATUS ENTERPRISES, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATUS ENTERPRISES, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

6536151 8300 SR# 20176102156

You may verify this certificate online at corp.delaware gov/authver.shtml

Authentication; 203200172

Date: 09-11-17