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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
MIKE AND MIKE ENTERPRISES LLC

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Q. GRIMONS
OCT 17 2017

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:

1. MIKE AND MIKE ENTERPRISES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 805 W Carrier Pkwy, Suite 270, Grand Prairie, TX 75050
(Street Address of Principal Office)


6. 805 W Carrier Pkwy, Suite 270, Grand Prairie, TX 75050
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC
Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, Florida 33607
(City) (Zip code)

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 familiar 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:

MICHAEL RUSSO, MEMBER, 107 E Madison St., East Islip, NY 11730

MICHAEL QUILTY, MEMBER, 1 Surrey Ln, Rockville Centre, NY 11570

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)


Signature of an authorized person

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.

MORGAN NOBLE

Typed or printed name of signer

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State of New York
Department of State } ss:

I hereby certify, that MIKE AND MIKE ENTERPRISES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/02/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of October
two thousand and seventeen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

201710160356 * MG