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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:

(Name of Fore	eign Limited Lia	bility Company; mus	st include "Limited	Liability Company," "L.L.C.," or "	LLC.")	•	
(If name unavailable, enter al Liability Company," "L.L.C,"		opted for the purpose		ness in Florida. The alternate name	must include "Lim	1it c d	
2. WY			3. 47-13021)2		_	
(Jurisdiction under the law company is organized)	of which foreign	limited liability		(FEI number, if applicable)			
4. 6/1/2015							
	(Date fin (See section	rst transacted busine ons 605.0904 & 605.	ess in Florida, if pro 0905, F.S. to deten	n to registration.) nine penalty liability)			
5. 60 E Simpson Ave				,			
Jackson, WY 83001-86							
		(Street Address of I	rincipal Office)				
6. PO Box 2869							
Jackson, WY 83001							
		(Mailing A	Address)		g.		
7. Name and street addres	s of Florida re	gistered agent: (P.	O. Box NOT acc	eptable)	E SEG	्रज	
Name:	Gerri Detwei	ler				HIP.	3173
Office Address:	1037 Greysto	ne Lane		_	ARY		****
	Sarasota			, Florida 34232	بن ريا نيار		İ
Registered agent's accep		(City)	,	(Zip code)	30	75]# «««
this application, I hereby	accept the app statutes relative	ointment as regist e to the proper an	ered agent and a d complete perfo	the above stated corporation of gree to act in this capacity. I fi mance of my duties, and I am	urther agree to co	omply	
	Jun 1	Livering	1				
	/	(Registi	erea agent's signatu	rej			
8. The name, title or caps	icity and addre	ss of the person(s)	who has/have aut	hority to manage is/are:			
Luis Ernesto Cardozo, PC	Box 2869, Jac	kson, WY 83001					
Lynddy Christin Garrido,	PO Box 2869,	Jackson, WY 830	101				
							
			····				
	of which it is o	rganized. (If the co	ertificate is in a fo	nticated by the official having c reign language, a translation of			1
		Signature	of an authorized pe	rson			
	true. I am aware for in s.817.15.	S., the execution o e that any false inf 5, F.S.)	f this document c	onstitutes an affirmation under t id in a document to the Departm			
	Lynddy Chris	tin Garrido					

Typed or printed name of signce

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

CHURUN MERU HOLDINGS LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 10, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000668231**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of June, 2015 at 12:36 PM. This certificate is assigned 017924735.



Secretary of State

UNIT PHIZ: 11

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CONTAINT TO HAINAICE BC	AUTED ETTIE BIAIE OF TEXADA.	•				
CHURUN MERU HO						
(Name of For	eign Limited Liability Company; mus	st include "Limited Liab	ility Company," "L.L.C.," or "L	LC.")		
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")	of transacting business	in Florida. The alternate name	must includ	le "Limit	ted
2. WY		3. 47-1302102				
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)			
4. 6/1/2015						
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to : 0905, F.S. to deteπnine	registration.) penalty liability)			
5. 60 E Simpson Ave						
Jackson, WY 83001-86						
	(Street Address of P	rincipal Office)				
6. PO Box 2869				رن 🗯		
Jackson, WY 83001					Ć.	
<u> </u>	(Mailing A	Address)		7.7	S	÷.
7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT accepta	ble)	ÄÄY		1
Name:	Gerri Detweiler			7 m €	PH 12:	17
Office Address:	1037 Greystone Lane			(RS)	<u>.</u>	(,,
	Sarasota		, Florida 34232	GE (T		
Registered agent's accep	(City)		(Zip code)			
this application, I hereby with the provisions of all s	gistered agent and to accept serv accept the appointment as registe statutes relative to the proper and tion as registered agent.	ered agent and agree	to act in this capacity. I fur	rther agree	e to con	nply
	(Registe	ered agent's signature)				
•	acity and address of the person(s) Dox 2869, Jackson, WY 83001	who has/have authorit	ty to manage is/are:			
Lynddy Christin Garrido,	PO Box 2869, Jackson, WY 830	001	·			
	of existence, no more than 90 day of which it is organized. (If the ce ubmitted)	ertificate is in a foreign				
	Signature of	of an authorized person				
(In accordance with section the facts stated herein are to degree felony as provided	n 605.0203, F.S., the execution of true. I am aware that any false info for in s.817.155, F.S.)	f this document consti	tutes an affirmation under th	e penalties ant of State	of perj	ury that tutes a thi
	Lynddy Christin Garrido					

Typed or printed name of signee

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