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TO:

	legistration Section Division of Corporation	ns			•	
SUBJECT	r: TAPIA HOLDING					
		Name of	Limited Liability	Company		1
		reign Limited Liability Comp d to register the above refer				
Please rett	irn all correspondence of	concerning this matter to the	following:			
	DANIEL TA					_ ;
		N	ame of Person			
	TAPIA HOL	DINGS, LLC				
	Firm/Company					
	1111 BALS	A CT				_
			Address			1 1
	PENSACOLA	, FL 32507				_ '
		City/S	State and Zip Code	:		
	DTAP3@YAHC					_
		E-mail address: (to be use	d for future annua	l report no	tification)	
For further	r information concernin	g this matter, please call:				į
DANIEL TAPIA		at (631	255-9	9282	į į	
	Name o	of Contact Person	Area Code	: Da	ytime Telephone Number	
D R P	IAILING ADDRESS: Division of Corporations registration Section O. Box 6327 Fallahassee, FL 32314			Division Registra Clifton I	of Corporations tion Section Building ceutive Center Circle	
				Tallahas	see, FL 32301	،زر ا
	s a check for the follow 3 \$125.00 Filing Fee	ing amount: \$\Bigcip \text{\$\subset} \$\	□ \$155.00 Fili Certified Copy		□ \$160.00 Filing Fee, Cof Status & Certified Co	

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

	TION 605.0002, FLORIDA STATUTEX THE FO ISINEXN IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTER .	A FOREIGN LIMITTED LIABILIT
TAPIA HOLDINGS, L	ıc		; }
	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," o	ir "LUC.")
(If name unavailable, enter a Liability Company," "L.L.C,	ternate name adopted for the purpose of transa" or "LLC.")	acting business in Florida. The alternate na	ame must include "Limited
2.NEVADA	3. 8	32-2858635	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	e) (
4	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.)	rida, (f prior to registration.) S. to determine penalty liability)	_ '
5. 1111 BALSA CT, PE	NSACOLA, FL 32507		_
	(Street Address of Principal	Office)	_
6. 1111 BALSA CT, PE	NSACOLA, FL 32507		_
	(Mailing Address)		_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name;	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STE	150A	
	Tampa	, Florida 33607	
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of pition, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent. (Registered agent)	registered agent and agree to act in to and complete performance of my dution	his capacity. I further agree
8 The name title or cans	neity and address of the person(s) who has	chave authority to manage is/are:	
•	NAGER, 1111 BALSA CT, PE		
DANIEL IAI IA, MA	MAGEN, TITT BALGA GT, TE	10A00EA, 1 E 32307	
	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) Signature of an aut	is in a foreign language, a translation	
This document is executed	in accordance with section 605.0203 (1)		ny false information
	the Department of State constitutes a thir DANIEL TAPIA		
	Typed or printed na	me of signee	- ! !

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TAPIA HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 19, 2017, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 2, 2017.

Ballons K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171002-0870
You may verify this electronic certificate
online at http://www.nvsos.gov/