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	Thank you!	

COVER LETTER

Div	ision of Corporatio	ons						
SUBJECT:	Pulpmaster LLC							
	Name of Limited Liability Company							
		oreign Limited Liability Com ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following;					
	Patrick Fazzor	ie						
	Name of Person							
	Montgomery Fazzone PLLC							
		F	irm/Company					
	1775 Pennsylvania Avenue NW Suite 950							
			Address					
	Washington DC 20006							
		City/S	tate and Zip Code					
	pfazzonc@mft-i	aw.com						
		E-mail address: (to be used	for future annual	report no	tification)			
For further in	formation concerning	ng this matter, please call:						
Patrick Fazzone		202 at (888 21	03				
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	check for the follow 25.00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fec &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy			

TO:

Registration Section

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

IN COMPILIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACTIONINESS IN THE STATE OF FLORIDA:

1. Pulpmas	ter LLC (Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Comp	any," "L.L.C ," or "LLC	.*)			
(If name unavail)	sble, enter alternate i	name adopted for the purpose of transacting business in Flo	oride. The alternate n	ame must include "Limited I	Liability Company," "L I, C," or "LLC.")			
2 Delaware		, , , , , , , , , , , , , , , , , , , ,		462248				
		hich foreign limited liability company is organized)	3. <u>02. 3</u>	3. (FEI number, if applicable)				
4		(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.)					
. 1775 94	nneulvania Au		_					
5. 1775 Pennsylvania Avenue NW Suite 950 (Street Address of Principal Office)			6. Same	(Mailing As	ddress)			
Washing	gton DC 20006	<u> </u>						
	d <u>street addres</u>	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT accepta	ible)	2 3			
Office Address:		1200 South Pine Island Road			17 NOV 22			
		Plantation .		, Florida 33324	72			
		(City)		(Zip co	ode)			
and accept t	•	s of my position as registered agent. By: (Registed agent's a	Ginu Ginu	\$	<u>.</u>			
D TL	.:	with and a fidure of the suspension who ha	athawa authari	hi to managa islora:				
	e, titl e or caps <u>Capacity:</u>	wity and address of the person(s) who ha Name and Address:		ty to manage is/are: <u>Capacity:</u>	Name and Address:			
Genera	l Manager	Darreil Corbett						
		1775 Pennsylvania Avenue Na Washington DC 20006	<u></u>					
								
			•					
(Use attachi	nents if necess	sary)						
urisdiction of the translated. This doc	under the law outer must be su ument is execu	ated in accordance with section 605.0203 the Department of State constitutes a thin	e is in a foreign (1) (b), Florid rd degree felor	n language, a transla la Statutes. I am awa ny as provided for in	ation of the certificate under oath			
			This authorized never	On .				
		Patrak F	2 m amminister hear	,- •				
		どかこれ F	2220	n R				

Typed or printed name of signer

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

DELAWARE, DO HEREBY CERTIFY "PULPMASTER 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203615252

Date: 11-21-17