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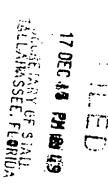
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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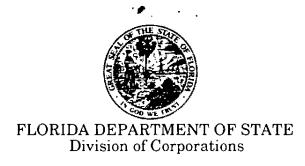


DEC 18 2017 Y SULKER

## **COVER LETTER**

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TO: Registration Section Division of Corporation	ns		
Clybus, LLC SUBJECT:			
SOBJECT:	Name of	Limited Liability Comp	pany
			to Transact Business in Florida," Certificate of ability company to transact business in Florida.
Please return all correspondence	concerning this matter to the	following:	
David Hernan	dez		
	N	ame of Person	
David Hernan	dez, CPA, PA		
	Fi	mı/Company	
7001 SW 97th	Avenue, Suite 208		
		Address	· · · · · · · · · · · · · · · · · · ·
Miami, FL 33	3173		
	City/S	tate and Zip Code	
David@Dherna	•		
	E-mail address: (to be use	d for future annual repo	ort notification)
For further information concerni	ng this matter, please call:		
David Hernandez		305 2 at ( )	82-8349
Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Div Rep Cli 266	REET ADDRESS:  vision of Corporations gistration Section fton Building 61 Executive Center Circle lahassee, FL 32301
Enclosed is a check for the follo	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fo	re & \$\Bigsquare\$ \$160.00 Filing Fee. Certificate of Status & Certified Copy



November 21, 2017

DAVID HERNANDEZ 7001 SW 97TH AVENUE STE 208 MIAMI, FL 33173

SUBJECT: CLYBUS LLC Ref. Number: W17000093033

We have received your document for CLYBUS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00023659

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE LYTTH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	mine another for the purpose of transacting occurs in the	orida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.
Delaware		3. 81-2680138
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ) nine penalty liability)
1549 NE 123 ST		6 C/O David Hernandez, CPA, PA
(Street Address of	,	(Mailing Address)
North Miami, FL 331	61	7001 SW 97th Avenue, Suite 208
<del></del>		Miami, FL 33173
Nome and atmost addra	ss of Florida registered agent: (P.O. Box	v NOT aggentable)
	David Hernandez, CPA, PA	N NOT acceptable)
Name:		<del></del>
Office Address:	7001 SW 97th Avenue, Suite 208	
	Miami	. Florida <u>33173</u>
	(City)	(Zip code)
ignated in this applica comply with the provis	ition, I hereby accept the appointment a	process for the above stated limited liability company at the as registered agent and agree to act in this capacity. Surther and complete performance of my duties, and ampamilian
signated in this application of the comply with the provise the comply with the complex the complex than the complex through the complex throu	stion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian
signated in this application of the comply with the provise the comply with the complex the complex than the complex through the complex throu	ition, I hereby accept the appointment a ions of all statutes relative to the proper	as registered agent and agree to act in this capacity. Further and complete performance of my duties, and ampomilian signature)
signated in this applica comply with the provis d accept the obligation	stion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian signature)
signated in this applica comply with the provis d accept the obligation The name, title or cap	ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian authority to manage is/are:
signated in this application with the provised accept the obligation.  The name, title or cap <u>Title or Capacity:</u>	ition, I hereby accept the appointment a ions of all statutes relative to the property of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian authority to manage is/are:
signated in this application with the provised accept the obligation.  The name, title or cap  Title or Capacity:	(Registered agent's active and address of the person(s) who have and Address:  Facundo Noblega  1549 NE 123 ST	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian authority to manage is/are:
signated in this applicationally with the provised accept the obligation.  The name, title or cap  Title or Capacity:  Member	(Registered agent's active and address of the person(s) who have and Address:  Facundo Noblega  1549 NE 123 ST North Miami, FL 33161	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian authority to manage is/are:
ignated in this application by with the provise accept the obligation.  The name, title or cap Title or Capacity:  Member	(Registered agent's active and address of the person(s) who have and Address:  Facundo Noblega  1549 NE 123 ST North Miami, FL 33161  Federico Prez  1549 NE 123 ST North Miami, FL 33161	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian authority to manage is/are:
The name, title or cap Title or Capacity: Member  Member	(Registered agent's active and address of the person(s) who have and Address:  Facundo Noblega  1549 NE 123 ST North Miami, FL 33161  Federico Prez  1549 NE 123 ST North Miami, FL 33161	as registered agent and agree to act in this capacity. Further and complete performance of my duties, and ampamilian signature)  ass/have authority to manage is/are:  Title or Capacity:  Name and Address:
The name, title or cap Title or Capacity: Member  Member  See attachments if necessisdiction under the law	Registered agent's active and address of the person(s) who have and Address:  Facundo Noblega  1549 NE 123 ST North Miami, FL 33161  Federico Prez  1549 NE 123 ST North Miami, FL 33161  Ssary)  The of existence, no more than 90 days old, of which it is organized. (If the certifical	as registered agent and agree to act in this capacity. Pfurther and complete performance of my duties, and amfamilian authority to manage is/are:
The name, title or cap Title or Capacity: Member  Member  Attached is a certificate is diction under the law the translator must be seen as a continuation of the law the translator must be seen accomplished to the complex of the complex of the law the translator must be seen accomplished to the complex of	Registered agent's active and address of the person(s) who have and Address:  Facundo Noblega  1549 NE 123 ST North Miami, FL 33161  Federico Prez  1549 NE 123 ST North Miami, FL 33161  Ssary)  The of existence, no more than 90 days old, of which it is organized. (If the certifical submitted)	as registered agent and agree to act in this capacity. Surplies and complete performance of my duties, and ampointing augmentation of my duties. Title or Capacity:  Name and Address:  Aduly authenticated by the official having custody of records in the is in a foreign language, a translation of the certificate under the capacity of the capacity
The name, title or cap Title or Capacity: Member  Member  Attached is a certificate is diction under the law the translator must be seen. This document is executive.	rection, I hereby accept the appointment of the ions of all statutes relative to the properties of my position as registered agent.  **GREGISTERED AGENT**  **GR	as registered agent and agree to act in this capacity. Further and complete performance of my duties, and ampamilian assignature)  ass/have authority to manage is/are:  Title or Capacity:  Name and Address:  duly authenticated by the official having custody of records in this capacity.

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CLYBUS 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 EIGHTH DAY OF DECEMBER, A.D. 2017.

6034577 8300 SR# 20177416834

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

JAPINES W. BIGIDOLS, SHEETERY OF STATE

Authentication: 203720418

Date: 12-08-17