12/26/2017

# Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of ail pages of the document.

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	Division of Corporations		p.e.	-
	Fax Number : (850)617-63	83		0 7
From:				<u>.,</u>
	Account Name : REGISTERED Account Number : I2009000008	Account Name : REGISTERED AGENTS INC.		
	Phone : (307)200-28			Ç
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Electronic Filing Menu Corporate Filing Menu

Help

#### 4.1

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

IN COMPLIANCE WITH SECTION 605,0002, PLORIDA STATUTES, THE POLICIPING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L VENTESHILLC		•				
(Name of Fore	ign Limited Liability Company; me	ast include "Limited Lis	bility Company," "L L.C.," o	r "LLC.")	···	<del></del>
(II name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpor	se of transacting busine	ss in Florida. The alternate on	nie must ii	elude "	Limited
2. OREGON (Jurisdiction under the law company is organized)	of which foreign limited liability	3. <u>N/A</u>	(FEI number, if applicable	<del>)</del>		<del></del>
4. N/A				<u> </u>		
	(Date first transacted busin (See sections 605,0904 & 605	ess in Fforida, if prior to 5.0905, F.S. to determin	o registration.) se penalty liability)			
5. 5060 SW PHILOMAT	TH BLVD, #346, CORVALLIS	, OR 97333		_ ≥′,,		
				(S)	<b>?</b>	
will of the control o	(Street Address of	Principal Office)		<b>-</b> 任計	9 <u>4</u> 9	•
6. 5060 SW PHILOMAT	H BLVD, #346, CORVALLIS	, OR 97333			26	* * *
				ZT €	<b>A</b>	
	(Mailing	Address)		ري <u>بي</u> دين نشب	ii.	र्जी. }*चइ
7. Name and street addres	ss of Florida registered agent: (F	P.O. Box <u>NOT</u> accep	table)	<u> </u>	<del></del>	()
Name:	Northwest Registered Agen	il, LLC.		S-1-1	#	
Office Address:	3030 N. Rocky Point D	r. STE 150A	_			
	Tampa		, Florida 33607			
Registered agent's accep	(City)		(Zip code)			
Having been named as red designated in this applica to complywith the provision	rgistered agent and to accept sertion, I hereby accept the appoir ons of all statutes relative to the my position as registered agent.	stment as registered of proper and complet	igent and agree to act in ti	his capac	ity. 1 f.	urther agree
	(Regis	stered agent's signature	)			
8. The name, title or cana	acity and address of the person(s	a) who has/have autho	rity to manage is/are:			
MAHMOOD ALAM,	•	,				
5060 SW PHILOMA	ATH BLVD, #346, CORV	ALLIS, OR 973:	33			
			11-11-11-11			
		certificate is in a fore	ign language, a translation	of the cer		
	Signatur	e of an authorized person	on .	<del></del>		
	I in accordance with section 605 the Department of State consul	.0203 (1) (b), Florida	Statutes, I am aware that a	ny false ir		ion

Typed or printed name of signee

MORGAN NOBLE

## State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

## Certificate of Existence 632V504A6

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Gustodian of the Seal of said State, do hereby certify:

### VENTESH LLC

is.

### Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

DENNIS RICHARDSON, SECRETARY OF STATE
12/26/2017