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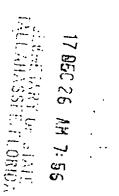
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

то:	Registration Section Division of Corporations					
SUBJE	CT: SOLID DEAL, LLC					
		Name of I	Limited Liability C	lompany		
	losed "Application by Foreig ce, and check are submitted to					
Please r	eturn all correspondence cond	cerning this matter to the	following:			
	Malinka Max					
		N:	ame of Person			
	SOLID DEAL,	LLC				
		Fi	rm/Company			
	1521 Alton F	Rd. Suit 60				
			Address			
	Miami Beach,	FL 33139				
		City/S	tate and Zip Code			
	malinka@malin					
	E	-mail address; (to be used	d for future annual	report noti	fication)	
For furt	her information concerning th	nis matter, please call:				
	Malinka Max		at (305	, <u>766-6</u>	577	
	Name of C	ontact Person	Area Code	Dayı	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1, 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, F1, 32301	
Enclose		amount: 1\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

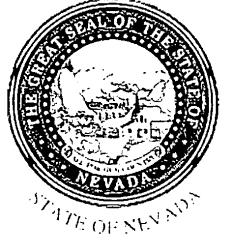
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05(DX)2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter all Liability Company," "L.L.C,"		the purpose of transacting busin	ess in Florida. The alternate na	me must ii	nclude "	Limited
2 NEVADA (Jurisdiction under the law company is organized)	of which foreign limited I	3. <u>82-354031</u>	9 (FEI number, if applicable	:)		
i	(Date first transa (See sections 605.0	cted business in Florida, if prior 904 & 605.0905, F.S. to determ	to registration.) ine penalty liability)	_		
5. 1521 Alton Rd. Suit 6	0			_		
Miami Beach, FL		address of Principal Office)		-		
6. <u>1521 Alton Rd. Su</u>	it 60			_		
Miami Beach, FL 33	39	(Mailing Address)		_		
7. Name and street addres	s of Florida registered	agent: (P.O. Box <u>NOT</u> acce	ptable)			
Name:	Registered Ager	nts Inc.	<u> </u>			
Office Address:	3030 N. Rocky F	Point Dr. STE 150A	 -			
	Tampa	(City)	Florida <u>33607</u> (Zip code)			
designated in this applicat	gistered agent and to d ion, I hereby accept th ons of all statutes relat	Bel Jame	l agent and agree to act in to ete performance of my dution	his capac	ity. I fi	urther agre
8. The name title or care	with and addrage at the	(Registered agent's signature person(s) who has/have auth	•	28.5 2.5.5 3.5.5 3.5.5 4.5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5	26	
Malinka Max, Manager	·	1521 Alton Rd. Suit 60	Miami Beach, FL	: ि <u>⊂</u> . 33139	Ž	: •
				933	7:56	.,
	of which it is organized	than 90 days old, duly auther d. (If the certificate is in a for				

Malinka Max
Types or printed name 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, **SOLID DEAL**, **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 November 3, 2017, and is in good standing in this state.

OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 1, 2017.

Boulina K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171201-1741
You may verify this electronic certificate
online at http://www.nvsos.gov/