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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617- 6383

From

Account Name : SMART BAUMRIK & COMPANY, LLP
Account Number : 120000000291
Phone : (407) 847- 7466
Fax Number : (407) 847- 6641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: taxes@sbc-cpa.com

Foreign Limited Liability Company
T & E Consulting LLC

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JAN 19 2018

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. T&E Consulting LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. (The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1735913

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 617 Teal Avenue

(Street Address of Principal Office)

Celebration, FL 34747

6. 617 Teal Avenue

(Mailing Address)

Celebration, FL 34747

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Andreas Wittman

Office Address: 617 Teal Avenue

Celebration

(City)

, Florida 34747

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

P S D

Name and Address:

Andreas Wittman

617 Teal Avenue

Celebration, FL 34747

Title or Capacity:

Name and Address:

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records of the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Andreas Wittman

Typed or printed name of signer

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "T&E CONSULTING 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 TWELFTH DAY OF JANUARY, A.D. 2018.



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