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 all pages of the document.

(((H18000027460 3)))



To:	Division of Corp	oorations	
	Fax Number :	(850)617-6383	
From:	Account Name :	REGISTERED AGENTS INC.	RECEIVE
	Account Number : Phone : Fax Number :	: (307)200-2803	JAN 2 3 2018
annual	email address for report mailings.	this business entity to be Enter only one email addres	used for future s please.**

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$125.00	

K SALY
JAN 24 2018

......

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPILANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABIBITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L ADVENTURE WORK	S L.L.C			
(Name of Fore	ign Limited Liability Company; must inclu	de "Limited Liabi	fity Company," "L.L.C.," or "LL.C	2.")
(If name unavailable, enter all Liability Company," "L.L.C."	ternate name adopted for the purpose of tra	nsacting business	in Florida. The alternate name m	ist include "Limited
North Carolina (Jurisdiction under the law company is organized)	of which foreign limited liability	N/A	(FEI number, it applicable)	<del></del>
4. <u>N/A</u>		i Taran ir alba a	- Metalian V	
	(Date first transacted business in F (See sections 605,0904 & 605,0905,	F.S. to determine	penalty liability)	
5. 3030 N. Rocky Point	Dr. STE 150A, Tampa, Ft. 33607			18 SE
				SECRETARY VISION OF CO
	(Street Address of Princip	al Office)		2 95
6. 3030 N. Rocky Point	Dr. STE 150A, Tampa, FL 33607			GRACE
				AH11: 23
	(Mailing Addres	s)		رائد الله الله الله الله الله الله الله الل
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accepta	able)	23
Name:	Northwest Registered Agent, LLC	, 	-	
Office Address:	3030 N. Rocky Point Dr. ST	E 150A	-	
	Tampa		, Florida <u>33607</u>	
	(City)		(Zip code)	
designated in this applicate to complywith the provisi	rgistered agent and to accept service of the appointment ons of all statutes relative to the property position as registered agent.	as registered:at	gent and agree to act in this co	apacity. A juriner agree
	(Registered a	gent's signature)	<del></del>	
8. The name, title or cap	acity and address of the person(s) who	has/have author	ity to manage is/are:	
	Member, 3030 N. Rocky Point			<del>_</del>
		•		
9. Attached is a certificate jurisdiction under the law of the translator must be s		ate is in a forcu	rated by the official having cus yn language, a translation of th	tody of records in the e certificate under oath
	Signature of an	authorized perso	n	
This document is execute submitted in a document t	d in accordance with section 605,0203 (a the Department of State constitutes a	(1) (b), Florida : third degree fel	Statutes. I am aware that any fa ony as provided for in s.817.15	lse information 5, F.S.

Typed or printed name of signes

Morgan Noble



## **NORTH CAROLINA** Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

## ADVENTURE WORKS L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 1st day of April, 2011, with its period of duration being 12/31/2040.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of January, 2018.





Scan to verify online.

Certification# 101616959-1 Reference# 14184807- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification Secretary of State

Elane I Marshall