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M. MILLIGAN APR 03 2018

## **COVER LETTER**

TO:

Registration Section Division of Corporations

		Name of	Limited Liability Co	mpany	
					insact Business in Florida," Certificate company to transact business in Flor
Please return al	Correspondence	concerning this matter to the	following:		
	Diane Kalind	owski			
		N	ame of Person		
	MyLLC.com,	lnc.			
	_	F	irm/Company		
	1910 Thoma	es Ave			
			Address		
	Cheyenne, V	WY 82001			
		City/S	tate and Zip Code		
	service@myll				
		E-mail address: (to be use	d for future annual re	eport not	ification)
For further info	rmation concernir	ng this matter, please call:			
í	Diane Kalinows	ki / MyLLC.com, Inc.	888-886-95	52	
	Name	of Contact Person	Area Code	Day	time Telephone Number
Divisio Registi P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314		. I ( 2	Division ( Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ec, FL 32301
	neck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	• \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN 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:

(If name unavariable, enter alternate of	name adopted for the purpose of transacting business in Flor	nda. The al	ternate name must include "Limited Lizh	iltry Company," "L.L.C," or "LLC.")
n Delaware	and the purpose of desired grown in the		82-4787629	,,
4.	hich (oreign limited hability company is organized)	3.		er, if applicable)
upon Registration				
4. Opon registration	(Date first transacted business in Florida, if prior to	registration	.)	<del></del>
1 4 4 1 100	(See sections 605.0904 & 605.0905, F.S. to determs	не репаку		<b>ہ</b> ے
5. 1441 Broadway Ste (Street Address of		6.	PO Box 202 (Mailing Addi	rss)
New York, NY 10018			Old Westbury, NY 1156	58 三年 子 九
				H. 3
				SS 72 0 1T
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)	部 至 七
	InCorp Services, Inc.			7 0 Q
Name:				35
Office Address:	17888 67th Court North			500
	Loxahatchee		, Florida 33470	
	(City)		, Tiorida(Zip code	:)
designated in this applica to comply with the provis	·	s registe	for the above stated limited ered agent and agree to act mplete performance of my o	in this capacity. I further agree duties, and I am familiar with
Having been named as re designated in this applica to comply with the provis	stance: egistered agent and to accept service of parties, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent.  Oung Kelmowski	s registe and co	for the above stated limited ered agent and agree to act mplete performance of my o	in this capacity. I further agree
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CIYC II, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIYC II, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202397954

Date: 03-27-18