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TO:

Registration Section

Division of Corporations			
Biotica USA LLC SUBJECT:			
Name of	Limited Liability (Company	
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer			
Please return all correspondence concerning this matter to the	following:		
Alexander Lessa			
N	ame of Person		_
F	irm/Company		
9613 SW 118th PL			
	Address		
Miami FL, 33186			
City/S	State and Zip Code		
Lessaenterprises@gmail.com			
E-mail address: (to be use	d for future annual	report no	tification)
For further information concerning this matter, please call:			
jared esguerra	305 at (304-33	
Name of Contact Person	Area Code	Day	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section uilding recutive Center Circle see, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g 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 unavailable, enter alternate n	nine adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LEC.")	
2 Wyoming		3. 81-1017701		
	hich foreign limited liability company is organized)	(FEI number, if applicable)		
N/A				
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.)	<u> </u>	
9613 SW 118th PL, M		6 9613 SW 118th PL, Miami	FL 33186	
(Street Address of Principal Office)		6. (Mailing Addi		
				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accomtable)		
Name:	Alexander Lessa			
Office Address:	9613 SW 118th PL			
	maimi	, Florida 33186		
Registered agent's accep	(City)	(Zip code		
	(Registered agent's	•		
	icity and address of the person(s) who ha		201	
Title or Capacity:	icity and address of the person(s) who ha <u>Name and Address:</u>	as/have authority to manage is/are: Title or Capacity:	Name and Address:	
	Name and Address: Alexander Lessa		Name and Address:	
Title or Capacity:	Name and Address: Alexander Lessa 9613 SW 118th PL		Name and Address:	
Title or Capacity:	Name and Address: Alexander Lessa		HAARA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
Title or Capacity:	Name and Address: Alexander Lessa 9613 SW 118th PL		Name and Address:	
Title or Capacity:	Name and Address: Alexander Lessa 9613 SW 118th PL		HAARA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
Title or Capacity: Member/Manager	Name and Address: Alexander Lessa 9613 SW 118th PL Miami, FL 33186		HAAR AAA SOOT TO	
Title or Capacity: Member/Manager (Use attachments if necess	Name and Address: Alexander Lessa 9613 SW 118th PL Miami, FL 33186	Title or Capacity:	HAY - I PH III	
Title or Capacity: Member/Manager (Use attachments if necess): Attached is a certificate arisdiction under the law of	Name and Address: Alexander Lessa 9613 SW 118th PL Miami, FL 33186 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	Title or Capacity:	ving custody of records in th	
Title or Capacity: Member/Manager (Use attachments if necess). Attached is a certificate arisdiction under the law of the translator must be sure. O. This document is execute.	Name and Address: Alexander Lessa 9613 SW 118th PL Miami, FL 33186 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) atted in accordance with section 605.0203	Title or Capacity: duly authenticated by the official hate is in a foreign language, a translation of the company of the comp	ving custody of records in the on of the certificate under oa	
Title or Capacity: Member/Manager Use attachments if necess. Attached is a certificate trisdiction under the law of the translator must be su 0. This document is executed.	Name and Address: Alexander Lessa 9613 SW 118th PL Miami, FL 33186 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	Title or Capacity: duly authenticated by the official hate is in a foreign language, a translation of the company of the comp	ving custody of records in the on of the certificate under oak that any false information	
Title or Capacity: Member/Manager (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is execu-	Name and Address: Alexander Lessa 9613 SW 118th PL Miami, FL 33186 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) atted in accordance with section 605.0203	Title or Capacity: duly authenticated by the official hate is in a foreign language, a translation of the company of the comp	ving custody of records in the on of the certificate under one that any false information	
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STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Biotica USA LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 28, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000702686**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of April, 2018 at 8:12 AM. This certificate is assigned 026260525.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.