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(Requestor's Name)	•
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Samisas Zimi, name)	
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Certified Copies Certificates of Status	
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#### COVER LETTER

	gistration Section vision of Corporatio	ons				
SUBJECT:	Green Summer Me					
			Limited Liability (	Company	·	
The enclosed Existence, as	d "Application by Fo nd check are submitt	oreign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limi	tion to Tr ted liabilit	ansact Business in Florida," Cer y company to transact business	rtificate o in Florid
Please return	n all correspondence	concerning this matter to the	following:			
	YENISEI MO	GENA				
		N	ame of Person			
	<del> </del>	F	irm/Company		<del></del>	
	10415 SW 147	7 CT				
			Address			
	Miami, FL 33	196				
		City/S	tate and Zip Code			
	Support@Goldl	abelGarcinia.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For further i	nformation concerning	ng this matter, please call:				
Jar	red Esguerra		305 at (	304-33 _) .	002	
	Name	of Contact Person	Area Code	Da	ytime Telephone Number	
Div Reg P.O	VILING ADDRESS vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314	<u>:</u> s		Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Circle see, Fl. 32301	
	a check for the follow \$125.00 Filing Fee	wing amount:  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certified Copy	icate

## 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:

name unavailable, enter alternate :	name adopted for the purpose of transacting busine	ss in Florida. The alterna	te name must include "Limuted Li-	ability Commons ""F.I.C." or "I.I.C.
Wyoming		v i	-0920976	tomy company, thire, or the
	hich foreign limited liability company is organized			ber, if applicable)
N//A				
N/A	(Date first transacted business in Florida, if	prior to registration.)		
10415 007 147 077 14	(See sections 605.0904 & 605.0905, F.S. to		•	
10415 SW 147 CT, M (Street Address of		6. <u>10</u>	415 SW 147 CT, Miam (Mailing Add	1, FL 33196
Name and street address	ss of Florida registered agent: (P.C YENISEI MOGENA	). Box NOT acce	ptable)	
Office Address:	10415 SW 147 CT		<del></del>	
	Miami		, Florida 33196	
	(City)	<u> </u>	1Zip cox	de)
a accept the obligation	s of my position as registered ager			
a accept the obligation	Yurney	agent's demuture)		
	(Registered	agent's vgnuture)		
The name, title or caps	(Registered) acity and address of the person(s) w	agent's gnuture) who has/have auth		Name and Address
The name, title or capa	(Registered) acity and address of the person(s) w Name and Address:	agent's gnuture) who has/have auth	ority to manage is/are: or Capacity:	Name and Address
The name, title or caps	(Registered) acity and address of the person(s) w Name and Address: YENISEI MOGENA	agent's gnuture) who has/have auth		832 T
The name, title or capa	(Registered) acity and address of the person(s) w Name and Address:	agent's gnuture) who has/have auth		Name and Address
The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) w  Name and Address:  YENISEI MOGENA  10415 SW 147 CT	agent's gnuture) who has/have auth		155 F. 100 PM
The name, title or capa	acity and address of the person(s) w  Name and Address:  YENISEI MOGENA  10415 SW 147 CT	agent's gnuture) who has/have auth		5557 - 2 
The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) w  Name and Address:  YENISEI MOGENA  10415 SW 147 CT	agent's gnuture) who has/have auth		155 F. 100 PM
The name, title or cape Title or Capacity; Member/ Manager	Active and address of the person(s) was Name and Address:  YENISEI MOGENA  10415 SW 147 CT  Miami. FL 33196	agent's gnuture) who has/have auth		155 F. 100 PM
The name, title or cape Title or Capacity: Member/ Manager	(Registered) acity and address of the person(s) w  Name and Address:  YENISEI MOGENA  10415 SW 147 CT  Miami. FL 33196	agent's gnuture) who has/have auth Title	or Capacity:	ASSET FLORIDA
The name, title or cape Title or Capacity: Member/ Manager  Jse attachments if neces Attached is a certificate is diction under the law	Registered (Registered) acity and address of the person(s) w Name and Address: YENISEI MOGENA 10415 SW 147 CT Miami. FL 33196  sary) of existence, no more than 90 days of which it is organized. (If the cert	agent's gruiture) who has/have auth  Title	or Capacity:	aving custody of records in
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Typed or printed name of signee

## 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,

### Green Summer Media LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 23, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000702463**.

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 10:52 AM. This certificate is assigned 026266225.

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.