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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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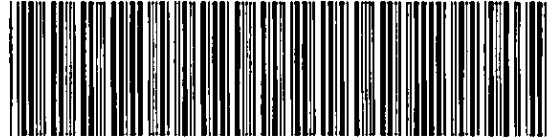
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QWIZZNN, LLC.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MALCOLM MURPHY
Name of Person

QWIZZNN, LLC
Firm/Company

815, TANGERINE WAY.
Address

GULF STREAM, FL 33483
City/State and Zip Code

malc.murphy@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MALCOLM MURPHY at (561) 843 2501
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS
18 JUN 20 09 2:18

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:

1. QW177NN, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

N/A
(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, USA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2202778
(FEI number, if applicable)

4. NO BUSINESS YET TRANSACTED IN FLORIDA.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 815, TANGERINE WAY
(Street Address of Principal Office)
GULF STREAM
FL 33483

6. 815, TANGERINE WAY
(Mailing Address)
GULF STREAM
FL 33483

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

Name: MALCOLM MURPHY

Office Address: 815 TANGERINE WAY
GULF STREAM, Florida 33483
(City) (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.

M. J. Murphy
(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:

Name and Address:

Title or Capacity:

Name and Address:

FOUNDER

MALCOLM MURPHY
815 TANGERINE WAY
GULF STREAM
FL 33483

(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 in 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.

M. J. Murphy
Signature of an authorized person

MALCOLM MURPHY
Typed or printed name of signer

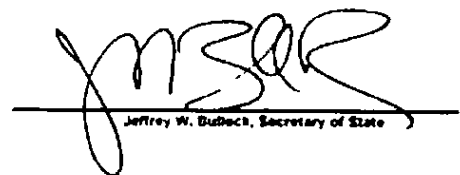
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SECRETARY OF STATE
JUN 20 PM

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QWIZZNN, 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 FOURTH DAY OF MAY, A.D. 2018.



Jeffrey W. Bullock, Secretary of State

6485845 8300

SR# 20183244193

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202635553

Date: 05-04-18