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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| Name of Contact Person | Area Code | Daytime Telephone Number | _ | |
| porations tion | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| L Co | Name of Contact Person DRESS: porations ation 32314 ne following amount: g Fee \$130.00 Filing Fee & | E-mail address: (to be used for future annual oncerning this matter, please call: 1 | E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Table | E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 |

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 Jooyear LLC (Name of Foreign | Limited Liability Company; must include "L | imited Liability Company," "L.L.C.," or "LLC. | ") |
|--|---|---|--|
| (If name unavailable, enter alternate | name adopted for the purpose of transacting business | in Florida. The alternate name must include "Limited L | iability Company," "E.L.C," or "ELC,") |
| 2 Delaware | | 3 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | GEI nur | mber, if applicable) |
| 1 | | | |
| +. <u></u> | (Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de | or to registration.) | |
| 5 848 Brickell Ave #121 | | 6 848 Brickell Ave #1210 | |
| (Street Address of Principal Office) | | (Mailing Ac | ddress) |
| Miami, FL | | Miami, FL | |
| 33131 | | 33131 | <u> </u> |
| | | | |
| 7. Name and street addre | ss of Florida registered agent: (P.O. | Box NOT acceptable) | 17 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | HCS Capital Partners LLC | 1 | |
| Name: | | <i>></i> | |
| Office Address: | 848 Brickell Ave #1210 | | 음 23 |
| | Miami, FL | . Florida | |
| | (City) | , i lorida(Zip co | ode) |
| | (Paristand as | cent's signature) | |
| | | | |
| 8. The name, title or cap <u>Title or Capacity:</u> | acity and address of the person(s) wh Name and Address: | o has/have authority to manage is/are: Title or Capacity: | Name and Address: |
| MGR | Luis Felipe San Martin | | |
| | 848 Brickell Ave #1210 | | |
| | Miami, Florida | | |
| | | | |
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| | | | |
| (Use attachments if nece | ssary) | | |
| | • | ald dala authorizated harths afficial l | handan anstada af ranards in thu |
| jurisdiction under the law | of which it is organized. (If the certi | old, duly authenticated by the official l ficate is in a foreign language, a transla | ation of the certificate under oath |
| of the translator must be: | | 40 | |
| | cuted in accordance with so (100). to the Department of State constitutes | 02 (1) (b), Florida Statutes. I am aw a third degree felony as provided for it | |
| | e | native of an authorized person | |
| | Sign | nature of an authorized person | |
| | Luis Felipe San Martin | | |
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JOOYCAR 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 SEVENTH DAY OF SEPTEMBER, A.D. 2018.

TAYS OF THE PARTY OF THE PARTY

Authentication: 203382091

Date: 09-07-18