## M180000009148

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 424794 4336650

AUTHORIZATION : Cyclober account of the state of the

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Chiefland LLC	ign Limited Liability Company, must include "Limited	Liability Company, " "[. L.C. " or "[.LC.")	<del></del>	
Chiefland FLA, LLC	<b>9</b>		•	
	te name adopted for the purpose of transacting business in Floric	ia. The alternate name must include "Limited Lia	hility Company," "L.L.C," or "L.I,C,")	
2. Delaware		3. 37-1825019		
(Jurisdiction under the law of which foreign limited liability company is organized)			(Fill number, if applicable)	
4 Upon qualification				
4. <u>op. 4 </u>	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	Bistration.)		
C/O Univered Busine				
5. C/O Hai vard Business Services, Inc. (Street Address of Principal Office)		6. C/O Chiefland LLC (Mailing Add	ress)	
16192 Coastal Highway		PO Box 10655 Grand Cayman KY1-1006		
Lewes, DE 19958 USA		Cayman Islands	Silver PA	
	•		F.	
7. Name and street add	ress of Florida registered agent: (P.O. Box.)	NOT acceptable)	65.	
	Corporation Service Company		<b>温泉</b>	
Name:	Corporation Service Company	<del></del>	77	
Office Address	: 1201 Hays Street			
	Tallahassee	, Florida 32301		
	(Ciry)	(Zip cod	<del>()</del>	
designated in this appli to comply with the prov	registered agent and to accept service of prication, I hereby accept the appointment as visions of all statutes relative to the proper a ons of my position as registered agent.  (Registered agent's sign	registered agent and agree to act nd complete performance of my Linda Snook Assistant VP	in this capacity. I further agree	
<ol> <li>The name, title or ca <u>Title or Capacity:</u></li> </ol>	spacity and address of the person(s) who has Name and Address:	have authority to manage is/are: Title or Capacity:	Name and Address:	
MGR	Kimbert Solomon	MGR	Nicole M. EhanksSloley	
	802 W Bay Rd. 1 Floor		802 W Bay Rd. 1Floor	
	Grand Cayman KY1-1996 KY		Grand Cayman KY1-1006 KY	
		<del></del>		
(Use attachments if nec	cssarv)			
Attached is a certification under the law of the translator must be     This document is ex-	ite of existence, no more than 90 days old, do w of which it is organized. (If the certificate submitted)	is in a foreign language, a translati  1) (b), Florida Statutes. I am awar	on of the certificate under oath	
submitted in a document	to the Department of State consultates a third	degree felony as provided for in s	s.817.155, F.S.	
		MATTORON		
	Signature of	an authorized person		
	Kimbert Solomon	Nicole M EbanksSloley	<u></u>	
	Typed or pe	inted name of signee		



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHIEFLAND 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 OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHIEFLAND LLC"

WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2012.

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

TILEU
18 OCT -5 PH 4: 16
NOW THE TORIUM



Authentication: 203553806

Date: 10-04-18

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