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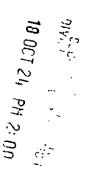
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PICK-UP WAIT M	IAIL		
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER TO: Registration Section **Division of Corporations** SARWOODS LLC
Name of Limited Liability Compan SUBJECT: 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: Name of Person Garwoods LLC

Firm/Company

Cape Marco Drive # 1703

Address Marco Island, FL 34145 F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $\frac{\text{Wizar Abvzen.}}{\text{Name of Contact Person}}$ at $\frac{(612)}{\text{Area Code}}$ $\frac{810 - 228)}{\text{Daytime Telephone Number}}$ STREET ADDRESS: MAILING ADDRESS: **Division of Corporations** Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$155.00 Filing Fee & ☐ \$125.00 Filing Fee **■**\$130.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certified Copy

of Status & Certified Copy

Certificate of Status

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

IN COMPLIANCE BITTH SECTION COMPANYTO TRANSACT BUSIN		FOLLOWING IS SUBMITTED TO REGIST	FR A FOREKGN TIMITED LIABILITY
		JOODS LLC. ited Liability Company," "LLC.," or "LLC.,"	
(Name of Foreign Limi	ted Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name a	dopted for the purpose of transacting business in		bility Company, ""L.L.C," or "LLC.")
2. MINNES (Jurisdiction under the law of which for	origin limited hability company is organized)	3. 27-145 (Fit number)	8019 ser, if applicable)
4.	(O - W Y (Date first transacted business in Florida, if prior (See sections 605 090) & 605 0905, F.S. to dete	to registration.)	
= 9ho Care M	_		Marca Drie
5. 960 Cape M. (Street Address of Princip		6. 960 Cape (Mailing Add	ress)
Marco Island	FL 34145	Marco 11 land	FC 34141
7. Name and street address of	Florida registered agent: (P.O. Bo) ox <u>NOT</u> acceptable)	918 OCT
Name:	Nizar Ab	Vzeni	
Office Address:	960 cape Marco	Drie =1703	£
_	Marco Island	Florida 341	341
Registered agent's acceptance		(Zip çod	6)
designated in this application to comply with the provisions	. I hereby accept the appointment	f process for the above stated limited as registered agent and agree to act er and complete performance of my	in this capacity. I further agree
_	(Registered agen	's signature)	_
8. The name, title or capacity <u>Title or Capacity:</u>	Name and Address:	has/have authority to manage is/are: Title or Capacity:	Name and Address:
Chief Manager	960 rope Marco	ハ : - (1) : - 	
	Marco Island, FL	-34141_ -54141_	
	γ(μν εσ τςτ τ)		
		_	
(Use attachments if necessary)		
	thich it is organized. (If the certific	1, duly authenticated by the official hat a translate is in a foreign language, a translat	
		103 (1) (b), Florida Statutes. I am awar third degree felony as provided for in	
	Signati	ure often authorized person	
_	N ₁ Z	AR ABUZENI for printed name of signee	

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Garwoods LLC

Date Filed:

11/19/2009

File Number:

3572368-2

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

10/22/2018

Steve Vimm



Steve Simon

Secretary of State

State of Minnesota