Florida Department of State Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future $\frac{h(t)}{h(t)}$ annual report mailings. Enter only one email address please. Email Address:

Foreign Limited Liability Company CLRK LLC

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Help

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: L CLRK LLC (Name of Fereign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.") (Grame one administration are adopted for the purpose of transacting business in Florida. The alternate rame must include "Limited Lightlifty Company," "L.L.C," or "L.I.C," o Arizona 82-3498744 (furnisherion under the law of which fareign iterated hability company is organized) (iffil number, if applicable) (Dute first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. in determine penulty liability) 5. 375 Commerce Way 375 Commerce Way (Street Address of Principal Office) (Madrug Address) Suite 101 Suite 101 Longwood, FL 32750 Longwood, FL 32750 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kin Fung Name: 375 Commerce Way, Suite 101 Office Address: Longwood (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 capacify. 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. (Registered agents 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: AMBR Kin Fung (see attached) AMBR Linh Fung (see attached) (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 505,0203 (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. Signature of an authorized person Kin Fung

Typed or printed name of signee

EXHIBIT "A" TO APPLICATION BY FOREIGN LLC FOR AUTHORIZATION TO TRANSACT BUSINESS IN FL

Section 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	
AMBR	Kin Fung 375 Commerce Way, Suite 101 Longwood, FL 32750	
AMBR	Linh Fung 375 Commerce Way, Suite 101 Longwood, FL 32750	<u>۔۔</u> دی

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

CLRK LLC

ACC file number: 1,22259458

was incorporated under the laws of the State of Arizona on 11/14/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. Unave bereinto set my hand, affixed the official seal of the Attrona. Corporation Commission, and issued this Certificate on this date: 11/06/2018

Matthey Ment

Matthew Neubert, Interim Executive Director



