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SEFALIAS FUE STATE

FILED

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

IN COMPLIANCE WITH SECTION 60 COMPANY TO TRANSACT BUSINESS	5.0902, FLORIDA STATUTES, THE FOLL INTHE STATE OF FLORIDA:	OWING IS SUBMITTED	TO REGISTER A	FOREIGN TAMINED HABILITY
1	O Ventures L Liability Company: must include "Limited Li	ability Company," TalaC	.," or "LLC.")	
(If taune (accombable, enter afternate raune adopte	ed for the purpose of transacting business in Florida	The afterrate rame most inclu	de "Limited Liability C	cuparty," "L.L.C," or "LLC")
2. De laware (Juris-lictiver vanier the law of which foreign	n limited hability company is organized)	3.	(FEI ramber, if a	ppheable
1 September	1 2018 te first transacted bismess in Florids, if prior to regis electrons (95 (90)), & (95 (90)), F.S. to determine p	stration		_
5. 700 Sw78 (Street Address of Principal Co	Avenue		Box a (Mailing Address)	11362
#302 Plantation, FL	733394	54.L	- Dremile	L FL
7. Name and street address of Flo	orida registered agent: (P.O. Box. <u>N</u>	<u>OT</u> acceptable)	D'1'	11 1
Name: \(\frac{\sqrt{1}}{\sqrt{1}}\)	10nne Sznanore	5	Filing	cancelled
Office Address: 3	10nne Sznanore 01 YAMAto Ruza	51#12HO	due to	returned check
_132	x2 Ritin	, Florida	3543	_
designated in this application, I	d agent and to accept service of pro- hereby accept the appointment as re all statutes relative to the proper an	cess for the above sta egistered agent and a d complete performa	ited limited liab gree to act in th	is capacity. I further agree
9 Th			. ,	e D
Title or Capacity:	d address of the person(s) who has/h Name and Address:	Title or Capacity:		ame and Address
maR	Yronne SANANORI	E <u>S</u>		5 5
	BOCA RHOIF	40, Suite 1		PILLED ANIO:
(Use attachments if necessary)				
9. Attached is a certificate of exis jurisdiction under the law of white of the translator must be submitted.	tence, no more than 90 days old, dul h it is organized. (If the certificate is d)	y authenticated by the s in a foreign language	e official having e, a translation o	custody of records in the f the certificate under oath
	accordance with section 605,0203 (1 epartment of State constitutes a third			
	Sagnature of a	n authorized person		_
	YUONNE	Sznann	2016	•
 -	Typed or pro:	sted name of signee		-

Filing cancelled



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "D'STILLED VENTURES 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D'STILLED VENTURES LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2018.

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

Authentication: 203445021

Date: 09-18-18

6821316 8300 SR# 20186714511

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