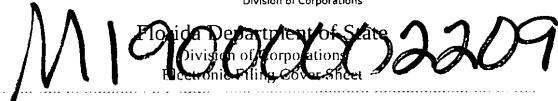
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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## Foreign Limited Liability Company S.A.N. Retail Management LLC

Certificate of Status	0
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Page Count	03
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## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	same adopted for the purpose of transacting business	s in Florida. The alternate name must include "Lumited Liability Company," "L.L.C.	or "Llx
Nevada		3. 46-2205360	
	hich toreign limited liability company is organized)	(FEI number, if applicable)	
	(Date first transacted business in Florida, if pi (See sections 605 0904 & 605,0905, F.S. to d	rior to registration.) determine penalty liability)	
7901 4th St N		6. 7901 4th St N	
(Street Address of I	Principal Office)	(Mailing Address) STE 300	
STE 300	22702	St. Petersburg FL 33702	<del></del>
St. Petersburg FL	33/02		
<b>N</b> 1	cmiuiu i	Day NOT comments to	
Name and street addres	ss of Florida registered agent: (P.O.	. Dox MOT acceptance)	7
Name:	Registered Agents Inc.		
Office Address:	7901 4th St N STE 300		ת ל
	St. Petersburg		
	City)	, Florida 33702 (Zip ctude)	ڢ
egistered agent's accep	otance:		(.)
	ions of all statutes relative to the pr is of my position as registered agent	roper and complete performance of my duties; and I am j t.	familie
	s of my position as registered agent		familio
nd accept the obligation	s of my position as registered agent	f.  sgent's signature)	familie
nd accept the obligation  The name, title or cap	Registered agent Registered a acity and address of the person(s) wi	t.  Igent's signature)  ho has/have authority to manage is/are:	
nd accept the obligation  3. The name, title or cap: Title or Capacity:	Registered a acity and address of the person(s) when the Name and Address:	f.  sgent's signature)	
nd accept the obligation  3. The name, title or cap:	Registered agent Registered a acity and address of the person(s) wi	t.  Igent's signature)  ho has/have authority to manage is/are:	
nd accept the obligation  3. The name, title or cap: Title or Capacity:	Registered agents of my position as registered agents (Registered a acity and address of the person(s) when Name and Address:  Reem Lewit	t.  Igent's signature)  ho has/have authority to manage is/are:	
Title or Capacity:	Registered agent  Registered a acity and address of the person(s) wi  Name and Address:  Reem Lewit  7901 416 S: N STE 5000	t.  Igent's signature)  ho has/have authority to manage is/are:	
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nd accept the obligation  3. The name, title or cap: Title or Capacity: Manager	Registered agent Registered agent Registered a acity and address of the person(s) wi  Name and Address:  Reem Lewit 7901, 410, S1, N STE 3000 S1, Petersburg, FL 33702	t.  Igent's signature)  ho has/have authority to manage is/are:	
B. The name, title or cap: Title or Capacity: Manager  Use attachments if neces	Registered agent Registered agent Registered a acity and address of the person(s) wi  Name and Address:  Reem Lewit  7901 4th St N STE 3000 St. Petersburg, FL 33702	the has/have authority to manage is/are:  Title or Capacity:  Name and Ad	dress:
The name, title or cap:  Title or Capacity:  Manager  Use attachments if neces	Registered agent Registered agent Registered a acity and address of the person(s) wi Name and Address: Reem Lewit 7901 4th St N STE 300 St. Petersburg, FL 33702  ssary) c of existence, no more than 90 days	the has/have authority to manage is/are:  Title or Capacity:  Name and Ad  old, duly authenticated by the official having custody of a	dress:
The name, title or cap: Title or Capacity: Manager  Use attachments if neces it sticked is a certificate arisdiction under the law	Registered agent Registered agent Registered a acity and address of the person(s) wi  Name and Address:  Reem Lewit  790; 4th St N STE 300  St. Petersburg, FL 33702  ssary)  c of existence, no more than 90 days of which it is organized. (If the cert	the has/have authority to manage is/are:  Title or Capacity:  Name and Ad	dress:
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SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, S.A.N. RETAIL MANAGEMENT LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 6, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2019.

Bulling K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20190304-1661