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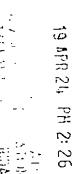
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	ration Section n of Corporations		.,	•			
Ki	llian Holdings, LLC						
UBJECT:							
he enclosed "A xistence, and cl	pplication by Foreign Limited Liability C heck are submitted to register the above re	ompany for Authorizati eferenced foreign limite	on to Transact Business in Florida," d liability company to transact busin	Certificate of less in Florida.			
ease return all	correspondence concerning this matter to	the following:					
	Kevin Barua						
	**************************************	Name of Person					
	GG INTERNATIONAL						
		Firm/Company					
	7260 W. Azure Dr. Ste 140-212						
Address							
	Las Vegas NV 89130						
	Ci	ty/State and Zip Code					
	docsfromsos@gmail.com						
	E-mail address: (to be	used for future annual	report notification)				
or further infor	mation concerning this matter, please call	:					
		888	650-3738				
	Name of Contact Person	at (Area Code	Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	ed is a check for the following amount: make check payable to: FLORIDA DEPA	A RTMENT OF STAT	·F				
	25.00 Filing Fee \$130.00 Filing F Certificate o	cc & 🔲 \$155.00	Filing Fee & \$160.00 Filing				

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

IN COMPILANCE 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:

Killian Holdin (Name of Foreign	Limited Liability Company; must include "Limite	d Liability C	ompany," "L.L.C.," or "U.C.")	
zame usavzilable, enter alternate i	zame adopted for the purpose of transacting business in Fig.	wids. The ulters	nate manue menst include "Limited Liability Cos	TEPOSTY," "1_1. C," or "L1.C.")
New Mexico	hich foreign limited liability company is organized)	3	(FE) number, if app	vicable)
(100 OCCUPATION CONCESS OF MAN OF MA	ней осер шисе шоту сопры с ограниса)		(1 E. 1-2-1-4-1)	, , , , , , , , , , , , , , , , , , ,
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	ifay)	
	ighway, Suite 183	6	11768 S. Dixie Highway, S	Suite 183
(Street Address of	Principal Office)		(Mailing Address)	
Miami FL 33156		_	Miami FL 33156	
Name and street addre	55 of Florida registered agent: (P.O. Bo	NOT acc	eptable)	291
Name:	Corporation Service Company			SELL ATT
Office Address:	1201 Hays Street			1.20 1.31 1.31
	Tallahassee		32301 . Florida	7: 59
	(City)		(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 capacity. 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.

O . Walaka N Cimpon And

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Gypsis L. Collar Manager Manager Name: Address: 11768 S. Dixie Highway, Ste 183 Member Address: Miami FL 33156 Authorized Authorized Person Person Other Other____ Other Other Manager Name: ____ ■ Manager Name: ______ Address: Member Address: Member Authorized Authorized Person Person Other Other____ Other____ Other Manager Name: Manager ☐ Member Address: Member Address: _ Authorized Authorized Person Person S Other____ Other_ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 605.0203 (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.

Kevin Barua

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

Killian Holdings, LLC 5853753

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on March 13, 2019, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: April 23, 2019

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Joulouse Oliver
Secretary of State

