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Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

: (845)425-0077 Phone : (845)818-3588 Fax Number

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Foreign Limited Liability Company Jurasia, LLC

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MAY 3 - 2019

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

IN COMPLIANCE WITH SECTION (05/09)2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Jurasia, LLC

(Neme of Foreign Limited Liability Company, must include "Lunited Liability Company," "LLC," or "LLC") (I) name was adulte, enter alternate name adopted for the purpose of transacting by traces at Parkta. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC." or " Delaware thurisdiction under the faw of which fore go busted liability company is organized) None (Date first transacted business in ricords, if prior to regionation) 642 6th Ave N. Naples, FL 34102 642 6th Ave N. Naples, FL 34102 6. Nating Address) 5. (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: , Florida _____ ĊΠ 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 quatites relative to the proper and complete performance of my duties, and I um familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)

3. 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]:

Title or Capacity;	Name and Address:	Title or Capacity;		Name and A	<u>ddress:</u>	
Manager	Name: Julian Kainz	Manager	Name.			
Member	Address: 32a H. Bergstr., CH-8942	Member	Address:			
Authorized	Oberrieden, Switzerland	Authorized				
Person		Person				
Other	Other	Other		Other		
Manager	Name:	Manager	Name:			
Member	Address:	Member	Address:		- ·- 	-
Authorized		Authorized		······································		·
Person	*	Person .				
Other	Other	Other		Other		
Маладег	Name;	Manager	Name:			TŲ!
☐Member	Address:	Member	Address:		<u> </u>	
. Authorized		Authorized	<u> </u>		J -	· · ·
Person .		Person				•
Other	Other	Other		Other	- 5	· · · ·
indexed individuals	Use an attachment to report more than six (6). The imay be added to the index when filing your Floric tificate of existence, no more than 90 days old, dul	la Department of State v authenticated by the	official having	rt form. g custody of rec	င်ာ် ords in th	†
jurisdiction under the of the translator mu	he law of which it is organized. (If the certificate is ist be submitted)	i in a foreign lunguage	, a transtation (of the certificat	e unuer o.	sth
10. This document submitted in a docu	is executed in accordance with section 605.0203 (1 ment to the Department of State constitutes a third) (b), Florida Statutes degree felony as provi	. I am aware the ided for in <.81	at any false info 7.155, F.S.	nution	
	Signature of a	n authorized person				
	Julian Kainz		·		••	
1	Typed or pre	est mine of eigner				

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JURASIA, 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 SECOND DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JURASIA, LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2018.

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

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

Authentication: 202751558

Date: 05-02-19

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