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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Atex Group LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,	of ida.
Please return all correspondence concerning this matter to the following:	
Tatum Martin	
Name of Person	
Atex Group LLC Firm/Company	
Firm/Company	
924 NW 1st Street	
Address	
Fort Lauderdale, FL 33311 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (660) 864-3081 = Name of Contact Person Area Code Daytime Telephone Number 2	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Registration Section Division of Corporations Registration Section	
P.O. Roy 6327	
Tallahassee, FL 32314 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy \$155.00 Filing Fee & Certified Copy	cate

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

OMPANYTOTRANSACT BUS A + 0 V M	ION 605.0902, FLORIDA STATUTES, INESS INTHE STATE OF FLORIDA OUP LLC imited Liability Company; must include	<i>:</i>				
name unavailable, enter alternate nam	ne adopted for the purpose of transacting busin					r "LLC.")
(Jurisdiction under the law of which	h foreign limited liability company is organize	3	83-	1466840 (FEI number, if appli	cable)	
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	of prior to registration.) to determine penalty liability	y)			
30 N A	OUID STIERT	6. <u> </u>	30 N	(Mailing Address)	Street	
Suite 108	248		vite	10848		
Sheridan,	NY 82801	_5	herid	on, WY	82801	<u>) </u>
Name and street address	of Florida registered agent: (P.	O. Box NOT accep	table)			
Name:	Tatum Mait	in	_		2019 SEP	
Office Address:	924 NW 1st	Street			SEP - 9	·
-	Fort Lau	derdale	_ , Florida _	33311 (Zip code)	P# 4: 2	
signated in this application comply with the provision	nce: stered agent and to accept serv. on, I hereby accept the appoints as of all statutes relative to the p of my position as registered age	ment as registered to proper and complet	igent and ag	ree to act in this c	company a	t the place
	The Registers	dagent's signature)				

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Patum Maitin Manager Address: 924 NW 15 St. Member Address: 30 N GOULD Member Fort Lauderdale, FL Ste. R Authorized ☐ Authorized Sheridan, NY 82801 Person Person Other Other____ Other Other____ Manager Name: ■ Manager Member Member Address: Authorized ☐ Authorized Person Person Other_ Other Other___ Other Manager Name: ____ Manager Manager Member Address: ☐ Member Authorized Authorized Person Person 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.

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Atex Group LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 3, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000814851**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of September, 2019 at 11:59 AM. This certificate is assigned 032526519.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.