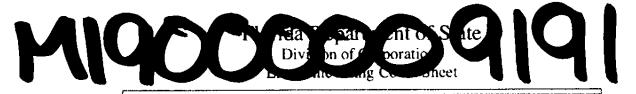
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company MacMoor, LLC

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COVER LETTER

| TO: | Registration/Section Division of Corporation | | • | * | | | | |
|-------------------|---|---|---|---|---------------------------|--|--|--|
| CURII | MacMoor, LU | | | | | | | |
| SUBIL | · · · · · · · · · · · · · · · · · · · | Name of Limited Liability Company | | | | | | |
| The en Exister | closed "Application b see, and check are sub | by Foreign Limited Liability Co committed to register the above re | ompany for Authorizat ferenced foreign limit | tion to Transact Business in Florida ed liability company to transact bus | ," Certific iness in F | | | |
| Please | return all correspond | ence concerning this matter to | the following: | | | | | |
| | Erika Eas | ter | | | | | | |
| | ····· | | Name of Person | | | | | |
| | Ungerlaw | , PC | | | | | | |
| | | | Firm/Company | | | | | |
| | 11726 Sa | n Vicente Blvd., Suite 480 | | | | | | |
| | | *************************************** | Address | | | | | |
| | Los Ango | cles, CA 90049 | | | | | | |
| | | Cit | y/State and Zip Code | | | | | |
| | eteam@eir | ninutes.com | | | | | | |
| | | E-mail address: (to be | used for future annual | report notification) | | | | |
| For fu | rther information con | cerning this matter, please call: | | | 2019 | | | |
| | Erika Easter | | 310 at (| 820-1000 | 2019 SEP | | | |
| | N | lame of Contact Person | Area Code | Daytime Telephone Number | 23 | | | |
| | MAILING ADDE Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32 | rations on | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | AH 10: 55 | | | |
| Enclos | sed is a check for the \$125,00 Filing I | | & ■ \$155.00 Filir | ng Fee & | Certifica | | | |

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

IN COMPLIANCE WITH SECTION 6050002 FLORIDA STATLITES THE FOLLOWING IS SUBJECTED TO RECISTER A FORESCE LIMITED HARBUTY

| (| Limited Liability Company; must inc | lude "Limited | Liability Compa | my, L.L.C., o | r "LLC.") | | - , | |
|--|--|--|--|---|---|---|---|----------------------|
| name unavailable, enter alternate n | one adopted for the purpose of transacting l | business in Flori | ida. The alternate or | ime must muhide " | Limited Liabeli | ly Company," | LLC. o | LLC.") |
| Delaware | | | 3. | | | | | |
| (Junisdiction under the law of w | high foreign kinited liability company is orga | ज्ञास्त्र वे | ··· | | (FEI number. | d applicable) | | |
| | (Day, Say) than sayed business in Div | S.L. Wadan ta | | | | | | |
| 2013 17145 Ferrar | (Date first transacted business in Phr (See sections 605,0904 & 605,0905) | F.S to determin | | | | | | |
| 301 174th Street | | | 6 | 0£. 7) | 1 174th Str | ce l | | |
| Sunny Isles Beach, | | | | Sunny Isles | Beach, FL | 33160 | · · · · · · · · · · · · · · · · · · · | |
| Name and street address Name: | es of Florida registered agent: eResidentAgent, Inc. | (P.O. Box | NOT accepta | ible) | | | | |
| Office Address: | 11380 Prosperity Farms Road #221E | | | | | | | |
| | D 1 D 1 C 1 | | | | | | | |
| | Palm Beach Gardens | | | , Florida | 33410 | | | |
| | tance: rgistered agent and to accept s | service of p | | above stated | limited li | ability cor | | |
| aving been named as re signated in this applica comply with the provisi | (C) | service of pointment as the proper | rocess for the registered as and complete | above stated ent and agre | l limited li e to act in | ability con this capa | city. I fu am fam | irther a |
| aving been named as re signated in this applica comply with the provisi | tance: gistered agent and to accept s ation, I hereby accept the appo ions of all statutes relative to t s of my position as registered | service of pointment as the proper | rocess for the registered as and complete | above stated ent and agre | l limited li e to act in | ability con this capa | city. I fu am fam | rther a Viar wi |
| aving been named as resignated in this application of the comply with the provision accept the obligation. | tance: rgistered agent and to accept s stion, I hereby accept the appo ions of all statutes relative to t s of my position as registered | pervice of pointment as the proper agent | rocess for the registered as and complete | above stated gent and agre performance | l limited li e to act in e of my du | ability con this capa | city. I full am fam. 2019 SEP | irther a |
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Signature of an authorized person

MacMoor Holdings LLC



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MACMOOR, 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 THIRD DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MACMOOR, LLC"

WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2019.

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

at corp.delaware.gov/authr

Authentication: 203519243

Date: 09-03-19