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Account#: 120000000088

Date: November 08	, 2019		Accounter.	. 120000000	<i>,</i> 00
Name: KEN HOW	ELL_				
Reference #:11	50414			2. Ta	
Entity Name:	8321 VIA I	LEONESSA, L	LC	2019 NOV -8 PM 4:	·
Articles of Incorporation	on/Authorization to	Transact Busine	ess ,	JV -8	11
Amendment				PH PH	1:
Change of Agent			ISSUES?	=====================================	أمسيها
Reinstatement			KEN:	0.122	
Conversion			518-213-	0738	
Merger					
Dissolution/Withdraw	al				
Fictitious Name					
✓ Other	** CERTIFIED	COPY UPON FIL	ING **	<u></u> ,	
			*,		
Authorized Amount:	\$155.00				
Signature					

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 COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	17	04 2224177	
(Jurisdiction under the law of white Date of Registration	TO A CONTRACT OF THE PARTY OF T	3 84-3234177	
Date of Registration	en foreign timited framitily company is organized)	(FEI m	umber, if applicable)
19ate of Registration			201
	(Date first transacted business in Florida, if prior	r to registration)	2019 NOV
400 Feliano Bri	(See meations 605 0904 & 605,0905, F.S. to dete		9
600 Fairway Drive	mensal Office)	6. 600 Fairway Drive	(n) l ₁── Nddreas) CO I
Suite 206		Suite 206	mi — iii
Deerfield Beach, Florid	a 33441	Deerfield Beach, Florida	
Nome and street address	of Florida registered apart: (9.0.9	ov NOT populable)	L: 49 DRIDA
ivanie and street address	of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	>
Name:	William Santamaria	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Office Address:	600 Fairway Drive, Suite 206		
	Deerfield Beach,	, Florida 33441 (7m	
signated in this application	ion, I hereby accept the appointment ons of all statutes relative to the prop of my position as neglistered agent.	per and complete performance of n	ect in this capacity. I furth
signated in this application comply with the provision of accept the obligations	ion, I hereby accept the appointment ons of all statutes relative to the prop of my position as neglistered agent. (Registered agent city and address of the person(s) who	t as registered agent and agree to a per and complete performance of months signature) has/have authority to manage is/are	ect in this capacity. I furth ny duties, and I am familia
signated in this application comply with the provision of accept the obligations	ion, I hereby accept the appointment ons of all statutes relative to the prop of my position as neglistered agent, (Registered agen	t as registered agent and agree to a per and complete performance of n	nct in this capacity. I furth my duties, and I am familia
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Typed or printed name of signer

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "8321 VIA LEONESSA, 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 EIGHTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "832T VIA THE LEONESSA, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, AND.

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

AHYS OF THE PARTY OF THE PARTY

Authentication: 203966844

Date: 11-08-19

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SR# 20197992269