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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

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Foreign Limited Liability Company Novus Consortium, LLC

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JAN 0 8 2020

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 HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Novus Consortium, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC," or

(Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

7901 4th St N
(Street Address of Principal Office)

STE 300

St. Petersburg FL 33702

St. Petersburg FL 33702

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Registered Agents Inc.

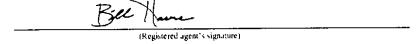
7901 4th St N STE 300

Office Address:

St. Petersburg Florida 33702

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.



Name: Elizabeth Thompson Address: 7901 4th St N STE 300	Manager	Name	
Address: 7901 4th St N STE 300		rame.	
	☐ Member	Address:	
St. Petersburg, FL 33702	☐ Authorized		
	Person		
Other	Other		Other
Name:	☐ Manager	Name:	
Address:	Member	Address:	
	Authorized		
	Person		
Other	Other		Other 22
Name:	☐ Manager	Name:	
Address:	Member	Address:	
	Authorized		[2: [
	Person		تن
Other	Other	<u>_</u>	Other
	Other	Name: Manager Address: Member Authorized Person Other Other Name: Manager Address: Manager Authorized Person Other Other	Other

Typed or printed name of signee

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

Novus Consortium, LLC

a limited liability company originally organized under the laws of **Nevada** on **January 07**, **2008**, did on **February 21**, **2012**, apply for a Certificate of Organization and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

1 FURTHER CERTIFY that this limited liability company has renounced its state or country of organization, and is now organized under the laws of the state of Wyoming is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne. Wyoming on **January 6, 2020**.



Filed: 02/21/2012

Secretary of State

Secretary of State

By: Kit Nelson



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