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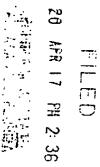
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ro:	Registration Section
	Division of Corporations

SUBJECT: BOMBSHELL CAPITAL GROUP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DOMADOUELL OAF			
BOMBSHELL CAF	TIAL GH	OUP, LLC	;
	Firm/Company		
170 NE 135th Stre	et		
	Address		
North Miami, FL 33	R161		
 	/State and Zip Code	 	
	·		
mchery17@outlook			20
E-mail address: (to be us	sed for future annual	report notification)	10 to
	ova to: tatale amilia	report nottification)	- F
		report north cation)	APR -
er information concerning this matter, please call:	786	436-8481	APR 17 PH
r information concerning this matter, please call:		•	17 PH
Melynda Chery Name of Contact Person	786 at (436-8481 _) Daytime Teleph	Ione Numbers
Melynda Chery Name of Contact Person MAILING ADDRESS: Division of Corporations	786 at (436-8481 Daytime Teleph STREET ADDRESS Division of Corporati	one Number 36
Melynda Chery Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section	786 at (436-8481 Daytime Teleph STREET ADDRESS Division of Corporati Registration Section	one Number 36
Melynda Chery Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	786 at (Daytime Teleph STREET ADDRESS Division of Corporati Registration Section Clifton Building	ione Number: 36
er information concerning this matter, please call: Melynda Chery	786 at (436-8481 Daytime Teleph STREET ADDRESS Division of Corporati Registration Section	none Number 38

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:

	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "L
Vevada	shich foreign limited liability company is organized)	3	er, if applicable)
	,,	(v.v.	
	(Date first transacted business in Florida, if oner to r	enistration I	
170 NIC 40	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin		la O lara al
(Street Address of	35th Street	6. 170 NE 135t	
·	ni, FL 33161	North Miami,	
- In what		TNOITH IVIIAITH,	1 L 33 10 1
			20
ame and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	AR T
			201
	Pagistared Agent	a Ino	第三百
Name:	Registered Agents	s Inc.	7
	Registered Agents 7901 4th St N STE		第二百
Name: Office Address:	7901 4th St N STE		7
	7901 4th St N STE St. Petersburg		7
	7901 4th St N STE	3370	ILED 17 PH 2: 36 2
Office Address: stered agent's accep	7901 4th St N STE St. Petersburg (City)	E 300 , Florida 33702 (Zip code	ILED 17 PH 2: 36 2
Office Address: stered agent's accep ing been named as re gnated in this applica	7901 4th St N STE St. Petersburg (City) otance: egistered agent and to accept service of partion, I hereby accept the appointment as	Florida 33702 (Zip code rocess for the above stated limited registered agent and agree to act it	liability company at to this capacity. I fur
Office Address: istered agent's accepting been named as regulated in this application of the provise of the provise comply with the provise control of	7901 4th St N STE St. Petersburg (City) otance: egistered agent and to accept service of po	Florida 33702 (Zip code rocess for the above stated limited registered agent and agree to act it	liability company at to this capacity. I fur
Office Address: sistered agent's accepting been named as resignated in this applications on the provise of the	7901 4th St N STE St. Petersburg (City) otance: egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper of	Florida 33702 (Zip code rocess for the above stated limited registered agent and agree to act it	liability company at to this capacity. I fur

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Melynda Chery Manager Manager Manager Manager Name: Address: 170 NE 135th Street Member Address: North Miami, FL 33161 Authorized Authorized Person Person Other_ Other_ Other_ Other____ Manager Name: Manager Name: _____ Member Member Address: Address: _____ Authorized Authorized Person Person Other Other____ Other Manager Name: ■ Manager Name: Address: _____ Member Address: 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.

Melynda Chery

SECKETANT OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BOMBSHELL CAPITAL GROUP, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/03/2020, and is in good standing in this state.

Certificate Number: B20200413723991

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/13/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE

Secretary of State