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COVER LETTER

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TO:	Registration Section Division of Corporations					
SUBJE	CYCLONE NATIONAL LLC					
		Name of Limited Liability Company				
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida				
Please i	return all correspondence concerning this	matter to the following:				
	ADEL HANALLA					
		Name of Person				
	CYCLONE NATIONAL LLC					
		Firm/Company				
	6317 N PALAFOX ST					
	· · · · · · · · · · · · · · · · · · ·	Address				
	PENSACOLA FL 32503					
City/State and Zip Code						
	INFO@CYCLONENATIONAL	COM				
	E-mail addres	s: (to be used for future annual report notification)				
For fur	ther information concerning this matter, pl	lease call:				
	ADEL HANALLA	850 9600099 at ()				
	Name of Contact Perso					
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section				
		Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following an Please make check payable to: FLORIE ☐ \$125.00 Filing Fee ☐ \$130.00 F Cert	DA DEPARTMENT OF STATE				

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

IN COMPLIANCE WITH SECTION (05,000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CYCLONE NATIONA					_
(Name of Foreign CYCLONE NATIONAL	Dimited Liability Company; must include "Limited	T Gability Compar	oy," "F.E.C.," or "LEC.")	•	
	name adopted for the purpose of transacting business in Fl	arida The discoute a	arms must include "Limited Lachdity	Company ""I I C " or	-
MOBILE ALABAMA					
(huisdiction under the law of w	hich foreign limited liability company is organized)	·· _ <i>Q</i>	7 - 14 7 3 30 S (F) Tuumber, (Fa	pplicable)	_
6/29/2020 4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0804 & 605,0905, F.S. to determine	registration (ine penalty hability)		-	
6317 N PALAFOX ST Street Address of Principal Office) PENSACOLA FL		P,O. B			
		6. ————		_	
		MOBILE ALABAMA			
32503		36616		e Proper	2
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptal	ble)	かが と (で) (を) (で) (本) (で) (本)	JUN 29
Name:	ADEL HANALLA			**	<u> </u>
Office Address:	6317 N PALAFOX ST			120 (m)	က် ကို
	PENSACOLA		32503 , Florida		
	(City)		(Zip code)	=	

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.

(Registered agent's signature)

ALLA LAFON ST 2503	☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Address:		
2503	□Authorized Person			
	Person			
net	□Other			
			□Other	
	□Manager	Name:		
	□Member	Address:		
	□Authorized			
	Person		# H#3	18
her	□Other		□Other 🚡 💆	=======================================
			ी <u>म</u> क्रिकेट	29
	□Manager	Name:	·	<u> </u>
	□Member	Address:	報子 デート 人間 (基) - 2 10付 報子 デモ	
	[] Authorized		. .	
	Person			·
her	□Other		□Other	
	index when filing your look more than 90 days old	Person ☐ Other ☐ ☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other ☐	Person Other	Person Other Other Other Manager Name: Manager Name:

Signature of an authorized person

Typed or printed name of signer

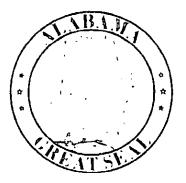
ADEL HANALLA

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Cyclone National LLC was formed in Mobile County, Alabama on October 29, 2009. The Alabama Entity Identification number for this entity is 439-681. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/28/2020

Date

X. W. Menill

John H. Merrill

Secretary of State