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DATE: 1/21/22

NAME: 3D INTERNATIONAL LLC

TYPE OF FILING: APPLICATION

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE CENTROLES

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	31/IN	TERNATIONAL L	.LC			
SUBJECT:	Name of Limited Liability Company					
The enclosed "Ap Existence, and che	plication by Foreck are submitted	eign Limited Liability Comp I to register the above refere	pany for Authoriza enced foreign limi	ition to Tra ted liability	nsact Business in Florida company to transact bu	a," Certificate of siness in Florida.
Please return all c	orrespondence c	oncerning this matter to the	following:			
		TUNCER GORER				_
		Na	ame of Person			
		35 INTERNATI	ONAL LL	.c		_
		Fi	rm/Company	_		
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For further inform	nation concerning	g this matter, please call:				
	MARIA D	E TZADA	at (661_) 25	10-2020 time Telephone Number	_
		f Contact Person	Area Code	Day	time Telephone Number	
Division Registra P.O. Box	of Corporations tion Section x 6327 see, FL 32314			Division of Registrati Clifton Br 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a chec \$125.	ck for the follow 00 Filing Fee	ing amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	_	☐ \$160.00 Filing Fee, of Status & Certified C	

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: 3 D TINTER NATIONAL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.." or "LLC.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 9 5 46 0 9 5 3 9 (FEI number, if applicable) <u>CALIFORNIA</u> (Jurisdiction under the law of which foreign limited liability company is organized) 0110112022 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: TUNCER GOREN 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: (Use attachments if necessary) 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. Signature of an authorized person

Typed or printed name of signed



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

3D INTERNATIONAL LLC

File Number:

199621910035

Registration Date:

08/06/1996

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of January 19, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 20, 2022.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: YKG3BLZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.