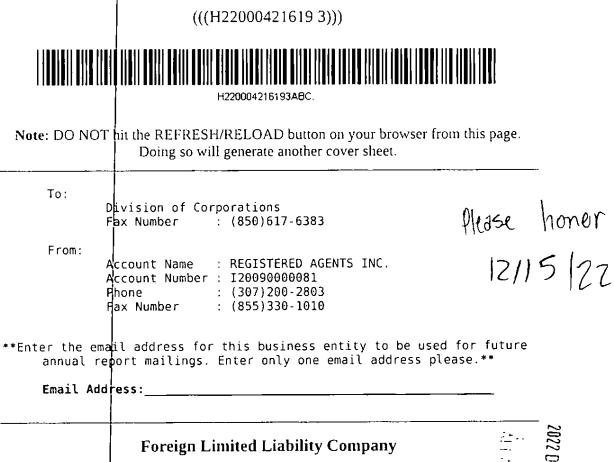
Florida Depa<u>rt</u>men<u>t of Stat</u>e

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Deystiny LLC

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

IN COMPLIANCE WITH SECTION 615.0302, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Deystiny LLC	Limited Liability Company: must include "Lin	nited Liability Company," "L.L.C.," or "LLC")			
(Name of Foreign	isamed Madaley Company, mast metado som	, and the same of			
me unavailable, enter alternate n	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited Liabili	ty Company," "L. L. C," or "L.L.C."		
Vyoming					
	hich foreign lamited liability company is organized)	y is organized) 3. 92-0931731 (FEI number, if applicable)			
	(Date first transacted business in Florada, if prio	or to registration)	_		
	(Date list transacted business in Florida, if pric (See sections 605,0904 & 605 0905, F.S. to det				
79 SW 12TH S	ST APT 2307	6. 79 SW 12TH ST AP (Mailing Address)	T 2307		
et Address of Principal Office)					
Miami FL 33	3130	Miami FL 33130			
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. E	Box NOT acceptable)	2022 DEC		
Name:	Registered Agents Inc	<u> </u>	EC 15		
Office Address:	7901 4th St N STE 300	<u> </u>			
	St. Retersburg	. Florida 33702	.		
	(City)	(Zip code)	- ω		
gistered agent's accep ving been named as re	gistered agent and to accept service a tion. I hereby accept the appointmen	of process for the above stated limited lia it as registered agent and agree to act in t per and complete performance of my duti	this capacity. I further a		
comply with the provisi	ions of all statutes relative to the pro s of my position as registered agent.				
comply with the provisi					

Title or Capacity:	-	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Nawe	n Dey	□Manager	Name:	
XMember	Address:		□Member	Address:	
□Authorized	79 SW 12	th ST Apt 2307	□Authorized		
Person	Miami FL	33130	Person		
□Other		 □ Other	□Other		Other
□Manager	Name:		□Manager	Name:	
□Member	Address:		□Member	Address:	
□Authorized			□Authorized		
Person			Person		
□ Other		□Other	□Other		Other
□Manager	Name:		□Manager	Name:	
□Member	Address:		□Member	Address:	·
□Authorized	_		□Authorized		
Person			Person		
□Other		□Other	□Other		Other
9. Attached is a cerjurisdiction under to of the translator mu. 10. This document	s may be added to rtificate of exister the law of which i ust be submitted) is executed in ac	the index when filing your nee, no more than 90 days o it is organized. (If the certification of the certification). The attachment will be image. Florida Department of State Id., duly authenticated by the loate is in a foreign language 2203 (1) (b). Florida Statutes a third degree felony as proving	Annual Repo official havin , a translation . I am aware ti	ort form. Ig custody of records in the of the certificate under of the any false information.

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Deystiny LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 20**, **2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022**-**001174568**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of December, 2022 at 9:21 AM. This certificate is assigned ID Number 057101416.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.