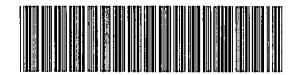
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S. FRANKLIN JAN 1 9 2023

A STATE OF THE PARTY OF THE PAR	•	COVER LETTER		
	TO: Registration Section Division of Corporations			
a.	SUBJECT: Pipo product.	ons, LLC		
1	Nam	e of Limited Liability Company		
J.	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 t	to the following:		
	Tian	Misuel EsAA		
		Miguel Es AM Name of Person		
	Pirencel	untime 110		
	- (Tropica	Mcfrons, LLC Firm/Company		
	740 SW 109	th Avenue, Apt. 1914A		
	Sweetwater	Florida 33174 City/State and Zip Code		
	_			
* * * * * * * * * * * * * * * * * * * *	E-mail address: (to be	209 ie gmail. wm.		
	For further information concerning this matter, please cal			
	Juan Miguel Esaa	- at 469 , 774,9917 : 8		
	Name of Contact Person	Area Code Daytime Telephone Number. Street Address; Registration Section		
	Malling Address:	Street Address:		
	Registration Section			
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

· Ser Miller Stranger as

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

		LORIDA	To Titalibre & Boshieso
IN COMPLIANCE WITH SE	CLION 605.0902, FLORIDA STATUTES, THE F PUSINESS IN THE STATE OF FLORIDA:		
COMPANY TO TRANSACT B	CUSINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTE	R A FORFICAN LIMITED LIABILITY
1.	YiPolP coductions	110	
(Name of Foreign	Limited Liability Company; must include "Limite	ad Liability Company," "L.L.C." or "L.C."	
		, , , , , , , , , , , , , , , , , , , ,	
(If name unavailable, enter alternate	name advaced for the	1	
	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Liab	oility Company, ""LLC," or "LLC.")
2	χας	3. 82.1678	8 17
(harsaction ender the law of	which foreign limited liability company is organized)	(FEI number	, if applicable)
	12 1 1 1 + F		
4	Upon Rugistrati	LON	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 603.0903, F.S. to determine	registration.)	<u> </u>
		to permit and may	
(Street Address of Principal Official	A1E. APT 1914A	6. 740 SW 109 AV	E Apt 1914A
,		(Mailing Address)	<u> </u>
Sweetwat	er fl, 33174	6. 740 SW 109 Av (Mailing Address) Sweetwater,	C1 1-11
201001	0, 10, 3317	Dwe water,	+L, 331+4
		,	
-			
/. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	. 53
	:		÷ 202
	An a circa T	2.00	€ €
Name:	Hua Corina Es	HA	
	and a second of the		
Office Address:	740 SW 109 AVE A	>t 1914A	
	· •		
	Sweet water	77174	· · · · · · · · · · · · · · · · · · ·
	(City)	, Florida, Florida	- · · ω
Registered speeds		(Lip tode)	9
Registered agent's accepts Having been named as rea	istered agent and to some		
designated in this applicati	istered agent and to accept service of pro	ocess for the above stated limited liab	ility company at the place
o comply with the provision	ns of all statutes relative to the proper of	registered agent and agree to act in the	is capacity. I further agree
and accept the obligations	of my position as registered agent.	complete perjormance of my dutie	s, and I am familiar with
	,		
	Massoce		
-	(Registered agent's sign	Lature)	-
		•	

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: Name and Address: Title or Capacity: Name: Juan Miguel Esaa **⊠**Manager □Manager Name: _____ Address: 740 SW 109 th Ave. Address: ☐ Member **∑**Member ☐ Authorized Authorized Sweetwater FL 33174 Person Person □Other____ □Other___ □Other_____ □Other_ Name: ______ □Manager Name: □Manager Address: □Member Address: □Member Authorized □ Authorized Person Person □Other____ ☐Other_____ Other____ □Other_ Name: □Manager Name: _____ □Manager Address: _____ □Member ☐ 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. TVAN Miguel Esca
Typed or printed name of signer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

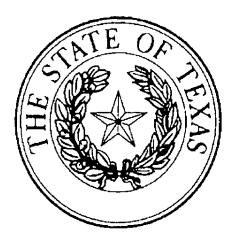
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PipoProductions, LLC (file number 802729794), a Domestic Limited Liability Company (LLC), was filed in this office on May 24, 2017.

It is further certified that the entity status in Texas is in existence.

FILE! 2023 JAN 19 AMT1: 39

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 14, 2022.



John B. Scott Secretary of State

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