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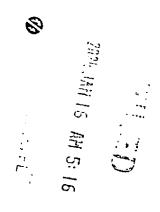
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COVER LETTER

TO:		stration Section sion of Corporation	ns				
SUBJE	Ст·	Thirty-Five, L	LC				
.soual.	C 1		Name of I	imited Liability C	ompany		
The enc Existence	losed ce, and	"Application by For I check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizat need foreign limite	ion to Tra ed liability	nsact Business in Florida," C company to transact busines	Certificate of ss in Florida.
Please r	eturn a	all correspondence o	concerning this matter to the	following:			
		N. Mora					
			Na Na	nme of Person			
		Thirty-Five	e, LLC				
			Fil	rin/Company			
		30 N Gou	ld St, Ste R				
				Address			
		Sheridan,	WY 82801				
			City/St	ate and Zip Code			
		support@re	egisteredagentsolu	itions.us			
			E-mail address: (to be used	for future annual	report not	ification)	
For furtl	her inf	ormation concerning	g this matter, please call:				
	N.	Mora		307	248-4		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclose		check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filing Certified Copy	g Fee &	☐ \$160,00 Filing Fee, Cert of Status & Certified Copy	

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name imasulable, enter alternate na	me adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limite	d Liability Company," "L.L.C." or "LLC.")
Wyoming	and people that the people of the second of	_	a mining transparing to a manage of a mining of a mini
	ich foreign limited liability company is organized)	3	number, if applicable)
Upon Registration	n/Qualification		
opon negistration	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)	
Thirty-Five, LLC	(100	6. Thirty-Five, LLC	
(Street Address of P	rincipal Office)	(Mailing	(Address)
30 N Gould St, St	e R	30 N Gould St, St	e R
Sheridan, WY 828	301	Sheridan, WY 828	301
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	NORTHWEST REGISTERED AGE	ENTILC	
ivanic.			
Office Address:	7901 4th St N, STE 300		
			2
Office Address:	St. Petersburg	Florida 3370	2
Office Address: egistered agent's accept aving been named as repsision of the complicate comply with the provision	St. Petersburg (City) sance: gistered agent and to accept service of pion, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent.	Florida 3370: (Zipprocess for the above stated limes registered agent and agree to and complete performance of the state	ited liability company at the place act in this capacity. I further agi
Office Address: egistered agent's accept aving been named as reposignated in this applicate comply with the provision	St. Petersburg (Cay) (Cay) (Cay) (Stance: (Statered agent and to accept service of pion, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent.	Florida 3370: (Zipprocess for the above stated limes registered agent and agree to and complete performance of the state	ited liability company at the place act in this capacity. I further aging duties, and I am familiar with
Office Address: egistered agent's accept aving been named as reposignated in this applicate comply with the provisional accept the obligations The name, title or capa	St. Petersburg (City) sance: gistered agent and to accept service of pion, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent. (Registered agent's city and address of the person(s) who have	Florida 3370. (Zipprocess for the above stated limps registered agent and agree to and complete performance of signature)	ited liability company at the place act in this capacity. I further agony duties, and I am familiar with
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- 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.

ARCANUS MANAGEMENT CORP., Manager, By: Corporate Global Management LLC, it's Presi By: Corporate Global Management LLC, it's Presi Signature of an authorized person	dent
Navely Mora, it's Vice President	

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

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

Thirty-Five, LLC is a Limited Liability Company

did on **December 22**, **2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001379991**.

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 12th day of January, 2024 at 4:56 PM. This certificate is assigned ID Number 068605419.

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.