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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : AIA REGISTERED AGENT INC.
 Account Number : 120090000332
 Phone : (561)792-2236
 Fax Number : (561)202-8082

SECRETARY OF STATE
2021 MAY -4 AM 9:27
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
Nominus.com LLC

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SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE

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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:

1. Nominus.com LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-1927442 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 Brickell Avenue (Street Address of Principal Office)
Suite #715 - 115
Miami, FL 33131

6. 1000 Brickell Avenue (Mailing Address)
Suite #715 - 115
Miami, FL 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: A1A REGISTERED AGENT INC.
Office Address: 5647 110TH AVENUE NORTH
ROYAL PALM BEACH, Florida 33411
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Tina J. Maki
(Registered agent's signature)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
 DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
 COPY OF THE CERTIFICATE OF FORMATION OF "NOMINUS.COM LLC",
 FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF MARCH, A.D.
 2017, AT 7:41 O`CLOCK P.M.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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 SR# 20211358354

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