

**APPLICATION FOR REGISTRATION
OF A FOREIGN LIMITED LIABILITY COMPANY**
Pursuant to A.R.S. §29-802 et seq.

FILE NO. R-146092/5

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated.

Your phone and fax numbers are optional.

LL:0005
Rev. 10/2006

6. Management Structure (select option A or B):

A ☒ **Management of the limited liability company is vested in a manager or managers.** The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: <u>Sandy Chau</u> <input checked="" type="checkbox"/> member <input checked="" type="checkbox"/> manager	Name: <u>Jeffrey Tung</u> <input type="checkbox"/> member <input checked="" type="checkbox"/> manager
Address: <u>7995 W. Sahara Blvd</u> <u>Suite 101</u>	Address: <u>7995 W. Sahara Blvd</u> <u>Suite 101</u>
City, State, Zip: <u>Las Vegas, NV 89117</u>	City, State, Zip: <u>Las Vegas, NV 89117</u>
Name: _____ <input type="checkbox"/> member <input type="checkbox"/> manager	Name: _____ <input type="checkbox"/> member <input type="checkbox"/> manager
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

B ☐ **Management of the limited liability company is reserved to the members.**
The names and addresses of each person who is a member are:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:

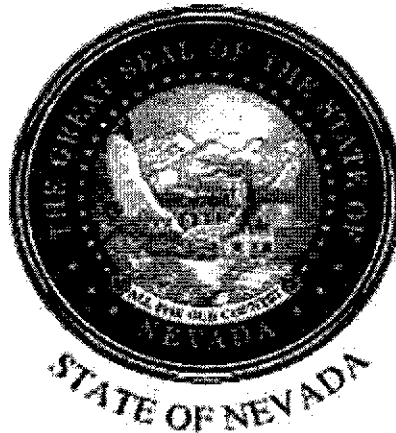
7995 W. Sahara Blvd, Suite 101
Las Vegas, NV 89117

Executed this 26th day of June, 2008.

Kimberly A. Gay Kimberly A. Gomez
Signature Print Name (Check One) ☐ Member ☐ Manager ☒ Authorized Agent

PHONE: 480 751-8265 FAX: 480 491-5734

SECRETARY OF STATE



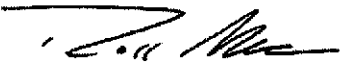
CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUMA VENTURES LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 27, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 3, 2008.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20080703-1285
You may verify this electronic certificate
online at <http://secretaryofstate.biz/>