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SLORETARY OF STATE
TALLAHASSEEL FLORIDA

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lighthouse Real Estate Investors LLC Name of Limited Liability Company
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 to the following:
Larry Wolfe Name of Person
Lighthorse Real Estate Investors LLC Finn/Company
P.O. Box 1794  Address
Keystone Heights Fl. 32656
1 dwolfe 6557 @ 6Mail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Larry Wolfe at 352 562-6038  Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsup \frac{1}{3}\$125.00 Filing Fee \text{ Fee & Certificate of Status} \Bigsup \frac{1}{3}\$155.00 Filing Fee  \$\Bigsup \text{ \$\Bigsu

### 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. Lighthouse Real Estate Investors 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 "L.L.C.")
2. Nevada (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4. None yet  (Date first transacted business in Florida, if prior to registration.)  (See sections 605,0904 & 605,0905. F.S. to determine ocnality liability)
Company is organized)  4. None yet  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5.  324 Oriole St Keystone Hahts, Florida (Street Address of Principal Office)  32656
(Street Address of Principal Office) 32656
6.
P.O. Box 1794 Kaystone Hahts. Fl. 32656
7. The name title or conscitueed address of the narrow(s) who has/have outhority to manage is/are:
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Larry Wolfe - Managing Member 8.0. Box 1794 Keystone Huhts Fl. 32656
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
Larry Wolfe  Typed or printed name of signee
Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

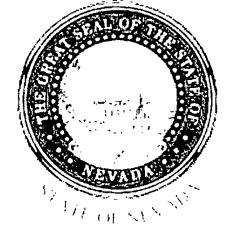
1. The name of the Limited Liability Company is:	
Lighthouse Real Estate Investors LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	<del></del>
Larry Wolfe (Name)	<b>283</b> FF
324 Oriole 57.  Florida Street Address (P.O. Box NOT ACCEPTABLE)	BIRSTELL BURNERS TO THE PERSON OF THE PERSON
Keystone Hyhts FL 32656 City/State/Zip	MIN: 35

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **LIGHTHOUSE REAL ESTATE INVESTORS 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 September 29, 2014, and is in good standing in this state.

TO THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 11, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150211-0816
You may verify this electronic certificate
online at http://www.nvsos.gov/