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(Re	questor's Name)						
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(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
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Certified Copies	_ Certificates	s of Status					
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COVER LETTER

TO: Registration Section Division of Corp			
·			
SUBJECT: ELIPROP		on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	on by Foreign Corporation f ." or "Certificate of Good S corporation to transact bus	tanding" and check are sul	
Please return all correspo	ondence concerning this mat	tter to the following:	
MAY SHEPPARD			<u> </u>
	Name	of Person	
TOM SHANNON CPA P	С		
	Firm/C	ompany	
1568 N. WAKONDA ST.			
	Ad	dress	_
FLAGSTAFF, AZ 86005			
	City/State	e and Zip code	
may@tomshannoncpa.c	om E-mail address: (to be use	ed for future annual report	notification) &
For further information of	concerning this matter, pleas	se call:	
May Sheppard	at (928) 527-3700	
Name of Person	Area C	ode Daytime Telep	phone Number ?
STREET/COUR Registration Sec Division of Corr Clifton Building 2661 Executive Tallahassec, FL	oorations ; Center Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 7
Enclosed is a check for t	he following amount:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	ELI PROPERTI	ES, INC.					
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "(COMPANY," "CORPORATION,"			
	(If name unavaila	ble in Florida, enter alternate corporate nan	ne ado	pted for the purpose of transacting bu	isiness in Flo	orida)	
2.	ARIZONA		3, 20	-0732481			
	(State or country	under the law of which it is incorporated)		(FEI number, if application	able)		
4.	AUGUST 5, 20	08	5.				
		ST 5, 2008 5. (Date of incorporation) (Date of duration, if other than perpetual)					
6	JULY 15, 2018						
0.		(Date first transacted busines		orida, if prior to registration) , F.S., to determine penalty liability)			
7	1010 JEATER B	END DR., CELEBRATION, FL 34747					
•	. <u></u>		ıcipal	office address)			•
	1568 N WAKON	IDA ST., FLAGSTAFF, AZ 86004					
	1000111111101		iling :	address, if different)			=
					₩.		
8	. Name and stree	et address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	••	ر 8	
	Name:	MICHAEL PARKS			E Maria	=	
	Name.	MICHAELTAMO		_	1 7		•
C	Office Address:	1010 JEATER BEND DR.				À	;
		CELEBRATION		Florida 34747		7:	
		(City)		, Florida <u>34747</u> (Zip code)	* .2**	Cus Cus	
0	O				*		
		ent's acceptance: ted as registered agent and to accept so	ervice	of process for the above stated c	orporation	at the	place
d	lesignated in this	application, I hereby accept the appo	intme	nt as registered agent and agree	to act in th	is cap	acity. I
		omply with the provisions of all statut familiar with and accept the obligation			performan	ce of n	пу
11	macs, and ram j	aman ma am accept me outgutor	.s vj 1	ay position as registeren agent.			
		MDING	•				
	_	(Registe	red age	ent's signature)	_		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: MICHAEL PARKS Address: 1010 JEATER BEND DR. CELEBRATION, FL 34747 Vice Chairman: Director: Address: ____ Director: __ Address: ___ **B. OFFICERS** President: MICHAEL PARKS Address: 1010 JEATER BEND DR. CELEBRATION, FL 34747 Vice President: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. MICHAEL PARKS

(Typed or printed name and capacity of person signing application)





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

ELI PROPERTIES, INC.

ACC file number: 14683808

was incorporated under the laws of the State of Arizona on 08/05/2008;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 06/29/2018

Ted Vogt, Executive Director



