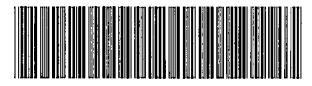
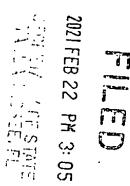
Fa100001318

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)	-		
PICK-U	JP WAIT	MAIL		
	(Business Entity Name)			
	(Document Number)			
d Copies	Certificates of	Status		
ial Instructior	ns to Filing Officer:			
Office Use Only				



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US 3/3/21

	ation Section n of Corporations			
SUBJECT:	Constant Cash Flo	ow Properties, LL	С	
_		of corporation - mu		
Dear Sir or Mad	dam:			
"Certificate of I	Application by Foreign C Existence," or "Certificated foreign corporation to	e of Good Standing"	and check are submitte	
Please return al	l correspondence concer	ning this matter to the	e following:	
		Michael Puglie	ese	
		Name of Perso	n	·
	Const	tant Cash Flow Pi	roperties, LLC	
		Firm/Company		021
3302 Granada trail				
		Address		22
 		Locust Grove, GA	A 30248	72 70
		City/State and Zip	p code	Fig. W
•••		ikep@mmresolut		<u>8</u>
For further info	rmation concerning this	,	ture annual report notifi	·
Michael P	ugliese	at (239)	677-0771	
	of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	neck for the following an ik payable to: FLORIDA I g Fee	DEPARTMENT OF Sing Fee & \$78	STATE .75 Filing Fee & □ tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

BUSINESS IN FLORIDA

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

nter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

ъ.," "Со.," "С	orp," "Inc," "Co," or "Corp.")					
onstant Ca	ash Flow Properties FL, LLC					
name unavail	able in Florida, enter alternate corporate nan	ne adop	ted for the purpose of transac	cting busine	ss in F	lorida)
eorgia		3 200)86292			
State or countr	y under the law of which it is incorporated)		(FEI number, it	applicable)	_
6/02/2020		5.				
(Date	of incorporation)		(Date of duration, if oth	er than per	octual)	
45 N Expre	essway STE 316, Griffin, GA 302. (Principal o		reet address)	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	2021 F	
	(Current ma	iling ad	dress, if different)		EB 22	
ime and street	et address of Florida registered agent: (I	P.O. Bo	ox <u>NOT</u> acceptable)			
Name:	Michael Whiteside		-	크림 SES	3: 06	
e Address:	6536 Friendship drive		_		۾	
•	Sarasota	•	, Florida 34241	•		
	(City)		(Zip code)			

gistered agent's acceptance:

onstant Cash Flow Properties, LLC

ig been named as registered agent and to accept service of process for the above stated corporation at the place nated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is registered to comply with the provisions of all statutes relative to the proper and complete performance of my duties, am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

irman	Name: Michael Pugliese	□Chairman	Name: Michael Oborn
e Chairman	Address: 3302 Granada trail	□Vice Chairman	Address: 114 N Fredrica ave
ector	Locust Grove, GA 30248	☑Director	Clearwater, FL 33755
sident		□President	
e President		□Vice President	
retary	□Treasurer	☐ Secretary	□Treasurer
er	Other	□Other	□Other
iirman	Name: Michael Whiteside	□Chairman	Name:
e Chairman	Address: 6536 Friendship drive	□Vice Chairman	Address:
ector	Sarasota, FL 34241	□ Director	202
sident		□President	
2 President		□Vice President	22
retary	□Treasurer	☐ Secretary	OTreasurer O
ਮ	Other	□Other	ω_{1}
rman	Name:	□Chairman	Name:
Chairman	Address:	□ Vice Chairman	Address:
etor		□Director	
dent		□President	
President		□Vice President	
tary	□Treasurer	☐ Secretary	□Treasurer
	□Other	□Other	□Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of the Michael Parameters of the state of	artment of State Annual Ro	eport form.
	Signature of Direct	ctor or Officer	

Control Number: 20086292

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Constant Cash Flow Properties, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued alt does not certify whether or not a notice of intent to dissolve, an application, for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie vidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20283236
Date Inc/Auth/Filed: 06/03/2020
Jurisdiction : Georgia
Print Date : 02/19/2021

Form Number : 211



Brad Raffersperger

Brad Raffensperger Secretary of State