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COVERLETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Cypress Investor Group LLC				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Tracy Kendrick				
Name of Person				
Cypress Investor Group LLC				
Firm/Company				
427 N Theard St. #201				
Address				
Covington, LA 70433				
City/State and Zip code				
tracy@cypressinvestorgroup.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tracy Kendrick 985 778-8198				
Name 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				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE				

□ \$70.00 Filing Fee \$ \$78.75 Filing Fee & □ \$78.75 Filing Fee,

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.

Cypress Investo	i Group Line			
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida		
Louisiana	3.	84-2917738		
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		
09/09/2019	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
n/a		,		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	• •		
900 Gulf Shore I	(SEE SECTIONS 607.1501 & 607.1502 Drive #3081 Destin, FL 32541 (Principal office	street address)		
900 Gulf Shore I	(SEE SECTIONS 607.1501 & 607.1502 Drive #3081 Destin, FL 32541 (Principal office . #201 Covington, LA 70433	street address)		
900 Gulf Shore I 427 N. Theard S Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502 Drive #3081 Destin, FL 32541 (Principal office . #201 Covington, LA 70433	street address) address, if different) Box NOT acceptable)		
900 Gulf Shore I 427 N. Theard S Name and stree	(SEE SECTIONS 607.1501 & 607.1502 Orive #3081 Destin, FL 32541 (Principal office . #201 Covington, LA 70433 (Current mailing a et address of Florida registered agent: (P.O. 1 Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg	street address) address, if different) Box NOT acceptable)		
900 Gulf Shore I 427 N. Theard S Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502 Orive #3081 Destin, FL 32541 (Principal office . #201 Covington, LA 70433 (Current mailing a et address of Florida registered agent: (P.O. 1 Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg	street address) address, if different) Box NOT acceptable)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

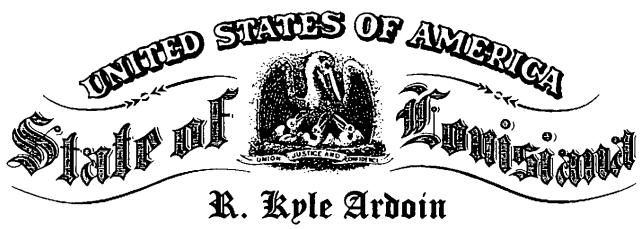
Morthwest Registered Agent LLC (Registered agent signature)

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.

A. DIRECTORS							
□ Chairman	Name:	□Chairman	Name: Carl Kendrick Address: 427 N. Theard St. #201				
□Vice Chairman	Address: 427 N. Theard St. #201	□Vice Chairman					
□Director	Covington, LA 70433	□Director	Covington, LA 70433				
□President		□President					
□Vice President		□Vice President		·			
□Secretary	□Treasurer	□Secretary	(∃Treasurer			
■Other	□Other	Other Member		Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chaiπnan	Address:	4. The State of Control of Contro			
□Director	Covington, LA 70433	□Director					
□President		□President					
□Vice President	 -	□Vice President	 .				
Secretary	□Treasurer	☐ Secretary	[□Treasurer			
Other Member	Other	Other		Other			
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐Treasurer	Secretary	C	∃Treasurer			
Other	Other	□Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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.

Tracy Kendrick



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

CYPRESS INVESTOR GROUP LLC

Domiciled at COVINGTON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 09, 2019,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 21, 2022

L 12 100 Secretary of State

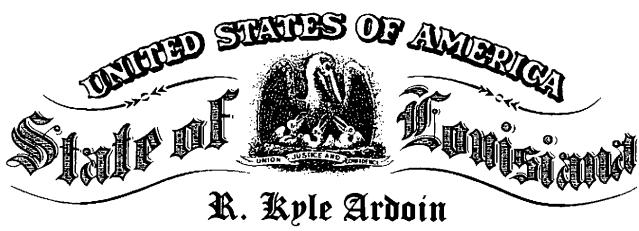
Web 43592059F



Certificate ID: 11601636#LJH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

CYPRESS INVESTOR GROUP LLC

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on September 09, 2019,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on.

September 9, 2019

Certificate ID: 11117556#XMJ62

To validate this certificate, visit the following web site. go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

12 Table 1602.
Secretary of State