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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LMS RE INVESTMENT, L.L.C. 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:				
Lisa Schmidt Name of Person				
LMS RE Investment, LLC Firm/Company				
2610 Calymet Dr. SE Address				
Brown Sbord, AL 35741 City/State and Zip Code				
Lisa Sasso Schmidt Ognail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lisa Schmidt at (760) 443 0747 Name of Person Area Code & Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\sum_{\$\text{\$\tex				

'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A F LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN
1. LMS RE Investment LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C," "LLC.")	
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-5253506 (FEI number, if applicable)	-
4. 5-9-12 5. Percetual (Duration: Year limited liability company will cease to exist or "perpetual")	-
6. January 15, 2013 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	DIV
7. 2610 Calumet Dr. SE	SION ISION
Brownsboro, AL 35741 F	PARY PARY CO
8. If limited liability company is a manager-managed company, check here	SECRETARY OF STATENT VISION OF CORPORATION
9. The name and usual business addresses of the managing members or managers are as follows:	TIONS
- *	_
Lisa Schmidt Rick Schmidt 2610 Calumet Dr. SE Brownsboro, AL 35741 Brownsboro, AL 35741 Brownsboro, AL 3	r. SE
Brownstorn, AL 35741 Brownstorn, AL 3	35741
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe 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.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate	-
Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), 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.)	_•
Lisa M. Schmidt Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability	Company is:	
LMS RE INVES	STMENT LLC		
If unavailable,	, the alternate to be used	l in the state of Florida is:	
2. The name a	and the Florida street ad	dress of the registered agent and office are:	
	Corporation Service Co	ompany	
		(Name)	
	1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
		City/State/Zip	

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 608, Florida Statutes.

Corporation Service Company

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

DIVISION OF CONFURATION OF AMIL: 15

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, LMS RE INVESTMENT 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 May 9, 2012, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130226-1420
You may verify this electronic certificate

online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 26, 2013.

ROSS MILLER Secretary of State