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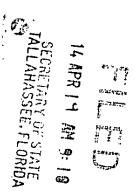
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J. Shivers APR 1 6 2000

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PARENT PREMIER PROPERTIES, 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:
Robert Parent
Name of Person
Firm/Company
8044 Sivon Way
Address
Naples, FL 34119
City/State and Zip Code
bobparent32@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Parent 239 253-7700
Name of Contact 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: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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:

name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. T	he alternate name must include "Limited
ability Company," "L.L.C," or "LLC.")	To anomale paint most mondo minito
02/06/2014 N ^V 3.	
(Jurisdiction under the law of which foreign limited liability (FEI nun company is organized)	iber, if applicable)
N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liabil	ity)
8044 Sivon Way	
Naples, FL 34119	Do -
(Street Address of Principal Office)	
8044 Sivon Way	TO TO COMMENT
Naples, FL 34119	No.
. tap.ee, 1 2 0 1 1 10	
(Mailing Address)	T C Scant
	95
The name, title or capacity and address of the person(s) who has/have auth	nority to manage is/are:
The name, title or capacity and address of the person(s) who has/have auth	nority to manage is/are:
The name, title or capacity and address of the person(s) who has/have auth	nority to manage is/are:
The name, title or capacity and address of the person(s) who has/have auth	nority to manage is/are:
(Mailing Address) The name, title or capacity and address of the person(s) who has/have auth Robert Parent, Manager, 8044 Sivon Way, Naples,	nority to manage is/are:
The name, title or capacity and address of the person(s) who has/have authobert Parent, Manager, 8044 Sivon Way, Naples,	FL 34119
The name, title or capacity and address of the person(s) who has/have authobert Parent, Manager, 8044 Sivon Way, Naples, Attached is an original certificate of existence, no more than 90 days old, daying custody of records in the jurisdiction under the law of which it is organ	FL 34119
The name, title or capacity and address of the person(s) who has/have authobert Parent, Manager, 8044 Sivon Way, Naples, Attached is an original certificate of existence, no more than 90 days old, during custody of records in the jurisdiction under the law of which it is organizeptable. If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate.	FL 34119
The name, title or capacity and address of the person(s) who has/have authobert Parent, Manager, 8044 Sivon Way, Naples, Attached is an original certificate of existence, no more than 90 days old, during custody of records in the jurisdiction under the law of which it is organizeptable. If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate.	FL 34119
The name, title or capacity and address of the person(s) who has/have auth	FL 34119

Robert Parent, Manager

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.

 The name of the Limited Liability Con 	mpany is:
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PARENT PREMIER PROPERTIES, 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:

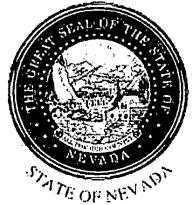
Robert Par	ent	· 623		
(Name)		SEC)	14 1	engar.
8044 Sivon Way		SVHV8	APR 12	B h rrrenderation generation
Florida Street Address (P.O. Box NOT ACCEPTABLE)		m _C	至	ing the second
Naples	34119	STAT FLORI	-	Second Second
	City/State/Zip	Dri	Ф	

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, 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, PARENT PREMIER PROPERTIES, 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 February 6, 2014, and is in good standing in this state.

S. M. OF THE

IN WITNESS WHEREOF, I have hereuffo set my hand and affixed the Great Seal of State at my office on April 9, 2014.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20140409-1241
You may verify this electronic certificate
online at http://www.nvsos.gov/