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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		<u>.</u> :

Office Use Only



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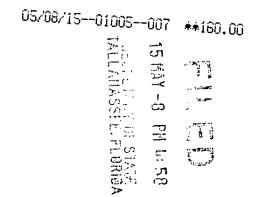


图 2015

COVER LETTER

TO:	Registration Section
	Division of Corporation

Eibot, 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:

Sandra Smith		
-	Name of Person	
Eibot, LLC		
	Firm/Company	
610 Wingspread		
	Address	
Peachtree City, G	4 30269	
C	ty/State and Zip Code	
Sandra.Smith@Eil	oot.com	
E-mail address: (to be	used for future annual repo	rt notification)
For further information concerning this matter, please call	:	
Jennifer Ellison	at (678)	928-9413
Name of Contact Person	Area Code	Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Clir Tallahassee, FL 32314 Clir	REET ADDRESS: ision of Corporations gistration Section from Building 1 Executive Center Circl	le
Jai	lahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee}	₽ □ \$155.00 E:U	Cook S 160 00 Filing Eq. Contitues
Certificate of Statu		

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

If name unavailable, enter alternate name adopted for the purpose of t .iability Company," "L.I.,C." or "LI.C.")	ransacting business in Florida. The alternate name mu-	st include	"Limite
, GA	_{3.} 31-1838909		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		<u></u>	
5/1/2015			
(Date first transacted business in (See sections 605,0904 & 605,0905	Florida, if prior to registration.) F.F.S. to determine penalty liability)	. 5	
610 Wingspread	mit And	. 3	s sur oper Si
Peachtree City, GA 30269	(A) 2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ာ	7.4
	s of Principal Office)	PH	L I
_{5.} 610 Wingspread	### #################################	1 11	the state of
Peachtree City, GA 30269	변경 A	8.5	
(Maili	ing Address)		
7. The name, title or capacity and address of the per-	son(s) who has/have authority to manage	is/are:	
Sandra Smith - Member			
Matthew Smith - Member			
Ronald S. Smith - Member			

acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator

Signature of an authorized person

(In accordance with section 605.0203, 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.)

Sandra Smith

must be submitted)

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.

Eibot, LL		Liability Company is:			
If unavailable, t	the alternate	to be used in the state of Florida is:			
2. The name ar	nd the Florida	a street address of the registered agent and office are:	ÄLL	<u>:</u>	
Daniel Ingham			三	ar no s s	
		(Name)	7.55 7.55 7.55 7.55 7.55 7.55 7.55 7.55	ည်	E catana Control
	518 Ri	dgeway Blvd	ide) D	3	18
	18. 111.19., 18,11	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- GMG ZVVE	មិន អា	Cont
	Deland	FL 32724	<i>></i> >		
		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 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)

STATE OF GEORGIA

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

CONTROL NUMBER DATE INC/AUTH/FILED : September 24, 2004 JURISDICTION

PRINT DATE

: 0457896

: Georgia

: April 06, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> EIBOT, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above 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 n Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It 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 evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp

Secretary of State