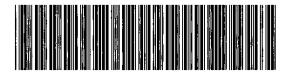
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(R	equestor's Name)			
(A	ddress)	· · · · · ·		
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(В	usiness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only

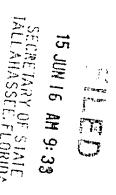


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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2015

JAMES BACK 1731 SONATA DR. OXNARD, CA 93030

SUBJECT: DOUGH INVESTORS LLC

Ref. Number: W15000039248

We have received your document for DOUGH INVESTORS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 315A00011781

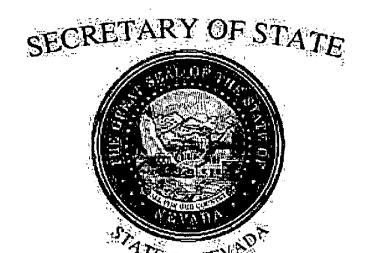
#### **COVER LETTER**

Division of Corp			
SUBJECT: Do	ough Investors	LLC	
	Name of	Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspon	dence concerning this matter to the	e following:	
	James Bac	<b>大</b>	
	N	lame of Person	
_/>	ough Investor	rs LLC	
	F	irm/Company	
_	731 SonaTa		
<del></del>		Address	
	xnard CA-	93030	
	City/S	State and Zip Code	
Doc	19h Investors @61 E-mail address: (to be use	MA12.COM	tification
	ncerning this matter, please call:	a tor tatare annual report no	inicalion)
Barba	Name of Contact Person	at (1760) 2 (Area Code) Day	ytime Telephone Number
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on	Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the \$\mathbb{H}\$\$ \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER.	A FOREIGN LIMITED LIABILIT
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of the company o	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate na	ime must include "Limited
Liability Company," "L.L.C." or "LLC.")	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable appropriate appropriate applicable appropriate applicable appropriate appropriate applicable applicable applicable applicable appropriate applicable app	e)
company is organized)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	<del></del> -
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
	<del></del>
101 N. Grean Valley Plany Suite 200 Handaran	WV. 85074
(Street Address of Principal Office)	- / 0 /- /
·	
(Mailing Address)	
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: James Back	
Office Address: 2727a Lowson Blvd	
Office Address: A 12 19 LOWSON DIVO	
Delray Beach, Florida 33445	
(City) (Zip code)	_
legistered agent's acceptance:	
laving been named as registered agent and to accept service of process for the above stated corporation is application. I hereby accept the appointment as registered agent and agree to act in this capacity.	
ith the provisions of all statutes relative to the proper and complete performance of my duties, and I a	
e obligations of my position as registered agent.	•
New 15 am	₹S
(Registered agent's signature)	- FB <b>3</b>
(Mg.shino again o signimal)	
. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Tamos Rock PassidosT	SS OU CHANGE
19/103 / 19/10/1/	TIO > 1
1731 Sanata Dr ()xnard CA 95030	
	SIN SIN
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having	
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation	
the translator must be submitted)	
man Ban	
Signature of an authorized person	<del>-</del>
Organization of all additionized person	
accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation unde	
e facts stated herein are true. I am aware that any false information submitted in a document to the Depar	tment of State constitutes a

degree felony as provided for in s.817.155, F.S.)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **DOUGH INVESTORS**, **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 25, 2015, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20150522-1092
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 May 22, 2015.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

ECRETARY OF STATE LLAHASSEE, FLORIDA

15 JUN 16 AM 9: 3:3