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COVER LETTER

TO:

TO:	Registration Section Division of Corporation	, , , , s						
SUBJI	BoLev LLC							
SUBJI	EC1:	Name of	Limited Liability (Company				
					ansact Business in Florida," C y company to transact busine			
Please	return all correspondence c	oncerning this matter to the	following:					
	Davy Deluge							
		N:	ame of Person	<u></u>				
	InCorp Services	InCorp Services, Inc						
		Fi	irm/Company		_			
	1621 Central Av	1621 Central Ave						
			Address					
	Cheyenee, WY	Cheyenee, WY 82001						
		City/S	tate and Zip Code					
	davy.deluge@inc	orp.com						
		E-mail address: (to be used	d for future annual	report not	ification)			
For fur	ther information concerning	g this matter, please call:						
	Davy Deluge		702	866-25	00			
	Name o	f Contact Person	at (Area Code	Day	time Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	·		Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding secutive Center Circle see, FL 32301			
Enclos	ed is a check for the following \$125,00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Copy			

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:

1. BoLev LLC (Name of Fore	eign Limited Liability Company; mu	st include "Lin	ited Liability Company," "L.L.C.," or	r "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,		e of transacting	business in Florida. The alternate na	me must include "Limited
2. Wyoming	,	3. 47-40	14963	
(Jurisdiction under the law company is organized)	of which foreign limited liability	<i>J.</i>	(FEI number, if applicable)
4. June 12, 2015				
	(Date first transacted busine (See sections 605.0904 & 605	ss in Florida, i	f prior to registration.)	_
5. 1621 Central Ave				_
Cheyenne, WY 82001				
	(Street Address of I	Principal Office	e)	
6. 1621 Central Ave				7
Cheyenne, WY 82001				ZBIS JUN 30
	(Mailing a	Address)		30
7. Name and street address	ss of Florida registered agent: (P.	O. Box <u>NOT</u>	_acceptable)	THE P
Name:	Charles Rehler			76 7
Office Address:	9507 Water Fern Cr			P. 1. 15
	Clermont		Florida 34711	- ,
Registered agent's accep	(City)		(Zip code)	~
Having been named as re this application, I hereby	gistered agent and to accept servecept the appointment as registered attitudes relative to the proper an ition as registered agent.	tered agent ai	s for the above stated corporation and agree to act in this capacity. It is capacity and I are formance of my duties, and I are formance of my duties and I are formance.	further agree to comply
8. The name, title or capa	acity and address of the person(s)	who has/have	authority to manage is/are:	
Charles Rehler, Organizer	·			
9 Attached is a certificate	of existence, no more than 90 da	vs old, duly a	uthenticated by the official having	
jurisdiction under the law of the translator must be su	of which it is organized. (If the coubmitted)	ertificate is in	a foreign language, a translation o	of the certificate under oath
	* Charles Cel	of an authorize	yarze operson	~

(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.)

Charles Rehler

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

BoLev LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 29, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000687752**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of June, 2015 at 10:25 AM. This certificate is assigned 017904935.



Secretary of State

2015 JUK 30 PK 4: 15

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.