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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

CVID VID CO	Oremi West	T. Motormales 119	
SUBJECT:	Name of	InVESTMON75, LL! Limited Liability Company	
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Comp ted to register the above refer	oany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence	e concerning this matter to the	following:	
	CHoss	SIMMUTE	
	N	ame of Person	
	OCEAN WAS	T INUSTINEN 75 ,	uc
	2235 1974 Au	Address	
	Vero BEACH	FL 32962 tate and Zip Code	
	City/S	tate and Zip Code	
	E-mail address: (to be used	5 Q 44Hos. Con d for future annual report not	ification)
For further information concern	ing this matter, please call:	•	
CHess	Stewart Person	_at ( 760 ) 27	1-2368
Name	of Contact Person	Area Code Day	time Telephone Number
MAILING ADDRESS  Division of Corporation		STREET Division	<u>FADDRESS:</u> of Corporations
Registration Section		Registration Section Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Exe	coulding coutive Center Circle see, FL 32301
Enclosed is a check for the follo ☐ \$125.00 Filing Fee	owing amount: 130.00 Filing Fee & Certificate of Status	□ \$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 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 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 3. 27 - 1502346 (FEI number, if applicable) STATE OF CALIFORNIA - USA
(Jurisdiction under the law of which foreign limited liability 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) (Street Address of Principal Office) 19th Ave Su, Vino Brack, FL 32962 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 2235 1974 ANE SW Office Address: VENO BEACH , Florida 32962
(City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: STRANGE - PRESZOENT/OWNER 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CHRIS STUMBE
Typed or printed name of signee

### State of California

## Secretary of State

#### CERTIFICATE OF STATUS

ENTITY NAME: OCEAN WEST INVESTMENTS, LLC

FILE NUMBER: FORMATION DATE: 200923610177

08/21/2009

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 16, 2015.

> ALEX PADILLA Secretary of State