Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations	10	2015 DEC 11
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From:	Account Name: : LEGALZCOM.CO Account Number: : 12001000006; Phone: : (323)962-866 Fax Number: : (323)962-388	t 30	AMIN: 35
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	Foreign Limited Liability Con	npany	HECH PH 2:
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L	ertified Copy	1	ED 2: 24 STATE
B	age Count	01	≨ ™ *
	stimated Charge \$	155.00	

115/11/30

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 FOREKGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	.C.," or "LLC.")
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alter ibility Company," "L.L.C," or "LLC,")	mate name must include "Limited
Nevada 47-5310800	
Jurisdiction under the law of which foreign limited liability (FEI number, if company is organized)	applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty flability)	April 1980 B. B. Barrer and Company and April 1980 Berry and April 1980
5079 N Dixie Hwy. Suite 198, Fort Lauderdale, FL 33334	<u></u>
	The Same
(Street Address of Principal Office)	4 日 二
5079 N Dixie Hwy. Suite 198, Fort Lauderdale, FL 33334	53 -
	Fig. 1
. (Mulling Address)	
ark Sheppard, Manager, 5079 N Dixie Hwy. Suite 198, Fort Lauderdale	e, FL 33334
Attached is an original certificate of existence, no more than 90 days old, duly au	(A photocopy is not
ving custody of records in the jurisdiction under the law of which it is organized. Septable. If the certificate is in a foreign language, a translation of the certificate cust be submitted)	under oath of the translator
ceptable. If the certificate is in a foreign language, a translation of the certificate test be submitted) Signature of an authorized person	
ceptable. If the certificate is in a foreign language, a translation of the certificate cost be submitted)	perjury that the facts stated herein are to

15/11/30

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 CHMITTED CLARITING COMPANIES RECOVERY, LLC	ny is:	
If unavailable, t	2015.05		
2. The name an	d the Florida street address of	f the registered agent and office are:	The second
	Mark Sheppard		一門是一
		(Name)	三 36
	5079 N Dixie Hwy Suite 198		
			
	Fort Lauderdale	51, 33334 FL	un Vallerings
		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.

\$ 100.00 Filing Fee for Application

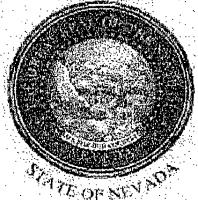
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)









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, FALLING LEAVES RECOVERY, 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 October 9, 2015, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20151208-0045
'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 December 8, 2015.

BARBARA K. CEGAVSKE Secretary of State