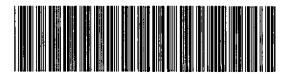
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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: HALBETIK LLC Name of Limited Liability Company			
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:			
BENNY L. HIGDON Name of Person			
Name of Person			
HALBETIK, LLC Firm/Company			
Firm/Company			
7863 NV (1 TERRACE			
7863 NW GI TERRACE Address			
PARKLAND, FL 33067			
City/State and Zip Code			
HALBETIK @ GMAIL.Com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Bank / 1/11 200 954 HIE - 1888			
BENNY L. 1416-Dan at (954) 415-1889 Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS: STREET ADDRESS:			
Division of Corporations Division of Corporations			
Registration Section Registration Section P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$\ \bigstyle \bi			

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

IN COMPLIANCE WITH SECTION 618.6902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	(BILITY
HALBETIK, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter elicensic name adopted for the purpose of transacting business in Florida. The alternate name must include "Limite Limitely Company," "L.L.C," or "LLC.")	d ·
(Jurisdiction under the law of which fareign limited liability (FEI number, if applicable)	
company is organized)	
4. (Date first transacted business in Harida (firster to registration)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
4730 S. FORT APACHE ROAD, SUITE 300	
I de Nocae Alv Roins	
LAS VEGAS, NV 89147 (Street Address of Principal Office)	
7863 NW GI TERRACE	
PARKLAND, FL 33067	
(withing vontess)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: <u>Dusiness Filings</u> Incorporated	1
Office Address: 1200 South Pine Island Rosa	
Plantation Florida 33324	
(City) (Zip code)	32
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to conwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent.	ירו מply
Grennes Letter Usst Secretary (Registered ogent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	-
BENNY L. HIGDON MANAGER	٩
7843 NW GI TERRACE	
PARK LAND, EL 33067	
 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate und of the translator must be submitted.) 	in the er oath
(3)	
Signsture of the authorized nerson	
- Opening of an about participation	
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 a 817.155, F.S.	
BENNY L. HIGHON	

Typed or printed name of signee

SECRETARY OF STATE



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, **HALBETIK**, **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 December 29, 2015, and is in good standing in this state.

SO AL OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 19, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160119-1874
You may verify this electronic certificate
online at http://www.nvsos.gov/