, (Red	questor's Name)				
(Address)					
. (Add	dress)	<u></u>			
(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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### **COVER LETTER**

Registration Section
Division of Corporations

:OT

SUBJECT: Indigo Apple Enter Prises, LLC 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:						
Deborah Holder Name of Person						
Name of Person						
Indigo Apple Enterprises, LLE Firm/Company						
1222 NE 14th PL Address						
Cape Coval FL 33909  City/State and Zip Code						
D City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-man address. (to be used for future angular report normeation)						
For further information concerning this matter, please call:						
Deborah Holder at (239) 245-0735  Name of Contact Person Area Code Daytime Telephone Number						
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
Enclosed is a check for the following amount:  12 \$125.00 Filing Fee						

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA

	ASINESS IN THE STATE OF FLORI	DA:		·
1. INDIGO APPLE ENT				
(Name of For	eign Limited Liability Company; r	must include "Limited Lie	ibility Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purp " or "LLC.")	pose of transacting busine	ss in Florida. The alternate name	must include "Limited
2. NEVADA		3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4				
7.	(Date first transacted bus (See sections 605.0904 & 6	iness in Florida, if prior to	o registration.)	
1222 NORTHEAST 1	4TH PLACE CAPE CORAL,		e penanty nationally)	
J				
	(Street Address	of Principal Office)		
2 1222 NORTHEAST 14	TH PLACE CAPE CORAL,	•		
0				
	Mailio	ng Address)		
7 37	·	•		
/. Name and street addres	ss of Florida registered agent:	·	table)	
Name:	Business Filings Incorporate	:a	_	
Office Address:	1200 South Pine Island Road	<u> </u>	· <del>-</del>	<b>6</b>
	Plantation		, Florida 33324	
	(City)		(Zip code)	
Registered agent's accep	tance: gistered agent and to accept s	ervice of process for th	se ahove stated corneration t	of the place decimated in
this application, I hereby	accept the appointment as reg	sistered agent and agre	ee to act in this capacity. I fu	irther agree to comply
with the provisions of all . the obligations of my posi	statutes relative to the proper ition as registered agent.	and complete perform	ance of my duties, and I am	Management of the second of th
	Bungaral	Harand!	Constance	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	DUP UT UT (Reg	ristered agent's signature)	().	ji.*•
8 The name title or cans	acity and address of the person	(a) who has/have sutho	rity to manage islare:	
_	IANAGER, 1222 NORTHEAS		-	•
	Thirden, 1222 Notifica	51 141111 BACE CAI		
			<del></del>	
9. Attached is a certificate	of existence, no more than 90	days old, duly authenti	cated by the official having c	ustody of records in the
jurisdiction under the law	of which it is organized. (If the			
of the translator must be s		$\sim$	,	
		Horde	<u> </u>	
	Signat	ure of an authorized person	n	
This document is executed submitted in a document to	d in accordance with section 60 the Department of State cons	5.0203 (1) (b), Florida	Statutes. I am aware that any	false information
passimos ir a goomisellt h	-	BORAH HOLDER	ion's es broarden for itt sigt /:	too, FiG.
		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, **INDIGO APPLE ENTERPRISES**, **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 January 5, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 9, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160209-1159
You may verify this electronic certificate
online at http://www.nvsos.gov/