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(Re	questor's Name)	
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то:		tion Section of Corporation	s				
SUBJE		e of Mind, LLC					
50202			Name of I	Limited Liability (Company		
			eign Limited Liability Comp d to register the above refere				
Please	return all c	orrespondence c	oncerning this matter to the	following:			
		Barbara Sash					ภ์
			Na	ame of Person			畫 寸
		Peace of Mind,	LLC			- 19 19 1 - 19 1	表一口
			Fi	rm/Company			7
		4801 Lang N.E.	, Suite 110			ا سنز . مسنز . مسنز سنز .	PH 4: 34
				Address			· 4
		Albuquerque, N	lew Mexico 87109				
			City/Si	tate and Zip Code			
			E-mail address: (to be used	wegiveyou	efeace	COFHIND.COM	
	_		E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther inform	nation concerning	g this matter, please call:				
	Barbara	Sash		866 at (492-968		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registrate P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division of Registratic Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ocutive Center Circle ee, FL 32301	
Enclos		ck for the follow 00 Filing Fee	ing amount: \$\Bigcup \frac{1}{3} \text{130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin	ng Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

	• • • • •	ist include "Limited	Liability Company," "L.L.C.," o	or "LLC.")
eace of Mind Servicing,				
iability Company," "L.L.C,	Iternate name adopted for the purpos " or "LLC.")		siness in Florida. The alternate na	ume must include "Limited
State of New Mexico		3. <u>N/A</u>		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicabl	e)
. <u>N/A</u>				
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if pri .0905, F.S. to deter	rmine penalty liability)	
4801 Lang N.E., Suite	110	· ·		— .
Albuquerque, New Me	exico 87109			6
	(Street Address of	Principal Office)		一門裏世
SAME				
•				
	(Mailing	Address)		
	_		•• >	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. Name and street addres	ss of Florida registered agent: (P	O. Box NOT ac	ceptable)	The state of the s
Name:	Andrea Gibson			

Office Address:	2015 S. Tuttle Avenue			
Office Address:	Sarasota		Florida 34239	
Registered agent's accep	Sarasota (City)	vice of process fo	, Florida 34239 (Zip code)	bility company at the pi
Registered agent's acceptaving been named as relesignated in this application complywith the provisincept the obligations of	Sarasota (City) otance: egistered agent and to accept ser ution, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.	tment as register proper and comp	(Zip code) or the above stated limited lia ed agent and agree to act in to plete performance of my dution ure)	his capacity. I further
Registered agent's acception to the following been named as relessing telescopical acceptions of the comply with the provision of the obligations of the comply with the provision of the obligation of the comply with the provision of the comply with the provision of the comply with the complete the compl	Sarasota (City) otance: egistered agent and to accept ser ation, I hereby accept the appointions of all statutes relative to the my position as registered agent. (Registered and address of the person(s)	tment as register proper and comp	(Zip code) or the above stated limited lia ed agent and agree to act in to plete performance of my dution ure)	his capacity. I further
Registered agent's acception to the law ing been named as relessing the law in this application comply with the provising copy the obligations of the law in the law	Sarasota (City) otance: egistered agent and to accept ser ntion, I hereby accept the appointions of all statutes relative to the my position as registered agent. (Registrative and address of the person(s) te 110	tment as register proper and comp	(Zip code) or the above stated limited lia ed agent and agree to act in to plete performance of my dution ure)	his capacity. I further

Typed or printed name of signee

Barbara Sash

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

PEACE OF MIND, LLC 4384103

An organization organized under the laws of New Mexico is duly authorized to transact business in New Mexico, as a Domestic Limited Liability Company, under the

Limited Liability Company Act - (53-19-1 To 53-19-74 NMSA 1978)

having filed its Articles Of Organization on December 27, 2010 and Certificate Of Organization issued as of said date.

It is further certified that the fees due the Office of the Secretary of State which have been assessed against the above named entity, have been paid to date and is in corporate good standing and duly authorized to transact business as its corporate existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entities financial condition or business activities and practices.

This good standing status expires when existence ceases as provided by law.

Certificate issued on March 4, 2016

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the city of Santa Fe, and the seal of said office to be affixed hereto.

Brad Winter Secretary of State