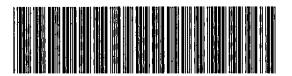
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SECRETARY OF STATE

MAR 1 6 2016 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Bethmay LLC		
301131		Limited Liability Company	
The en Exister	nclosed "Application by Foreign Limited Liability Comence, and check are submitted to register the above refe	npany for Authorization to Trenced foreign limited liabili	ransact Business in Florida," Certificate of ity company to transact business in Florida
Please	e return all correspondence concerning this matter to the	e following:	
	Jennifer Strojny		
	1	Name of Person	
	Bethmay LLC		
	I	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	POBox 140607		
		Address	W .
	Gainesville, FL 32614		
	City/	State and Zip Code	
	jboydstun@jestro.com		
	E-mail address: (to be use	ed for future annual report no	ptification)
For fu	urther information concerning this matter, please call:		
	Jennifer Strojny	208 991-3 at ()	3775
	Name of Contact Person		nytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301
Enclos	sed is a check for the following amount: \$\ \Boxed{\text{\$\frac{1}{2}}}\$\$125.00 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 605D902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fores						
(rame of Fore	ign Limited Liability Company; must	include "Limited Liability Company," "L.L.C	.," or "LLC.")			
		of transacting business in Florida. The alternal	te name must in	clude "L	imite	d
Liability Company," "L.L.C," 1 Idaho (Boise- Ada Cou		81-1018528				
	of which foreign limited liability	3. (FEI number, if appli	cable)			
company is organized)	,	, ,	,			
4. 01-01-2016	The Control of the Co					
	(See sections 605.0904 & 605.0	s in Florida, if prior to registration.) 905, F.S. to determine penalty liability)				
5. 242 N 8TH ST STE 2	20					
Boise, ID 83702						
	(Street Address of Pr	incipal Office)				
6. POBox 140607						
Gainesville, FL 32614						
	(Mailing Ac	idress)				
7. Name and street address	s of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	= 1.			
Name:	Laura Gillman) متند ۲		7	
Office Address:	901 NW 57th St		ا مراز ا سارت ا سارت			
Office Address.	Gainesville	32605	200 200 200	:- -	-	- AENGE
	Gamesville					•
	(City)	, Florida (Zip cod	e)	< R	~	3 0
designated in this application to complywith the provis	ptance: registered agent and to accept serv ation, I hereby accept the appoints	, Florida	ilability compa n this capacity	լ յսպ	<u>n</u> er a	ce gree
Having been named as r designated in this applica- to complywith the provis	ptance: registered agent and to accept serv ation, I hereby accept the appoint ions of all statutes relative to the p my position as registered agent.	Zip cod (Zip cod ice of process for the above stated limited in the control of th	ilability compa n this capacity	լ յսպ	<u>n</u> er a	ce gree
Having been named as r designated in this applic to complywith the provis accept the obligations of	ptance: registered agent and to accept serv ation, I hereby accept the appoints ions of all statutes relative to the p my position as registered agent. (Registe	Zip cod. (Zip cod.) (Zip cod	ilability compa n this capacity	լ յսպ	<u>n</u> er a	ce gree
Having been named as r designated in this applicate to complywith the provis accept the obligations of	ptance: registered agent and to accept serv ation, I hereby accept the appoints ions of all statutes relative to the p my position as registered agent. (Registe	(Zip cod ice of process for the above stated limited ment as registered agent and agree to act is proper and complete performance of my diverse agent's signature)	ilability compa n this capacity	լ յսպ	<u>n</u> er a	ce gree
Having been named as r designated in this applicate complywith the provise accept the obligations of 8. The name, title or capacity Jennifer Strojny - Member	ptance: registered agent and to accept serve ation, I hereby accept the appoint it ions of all statutes relative to the point my position as registered agent. (Registered address of the person(s) verified and address of the person(s) verified agent.	(Zip cod (Zip cod ice of process for the above stated limited ment as registered agent and agree to act is proper and complete performance of my diversed agent's signature) who has/have authority to manage is/are:	ilability compa n this capacity	լ յսպ	<u>n</u> er a	ce gree

State of Idaho

Office of the Secretary of State

OF BETHMAY LLC

File Number W 160428

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 4 January 2016.

I FURTHER CERTIFY That the limited liability company has not been dissolved.

Dated: February 19, 2016

THE OUT OF

SECRETARY OF STATE

ву ДОДИХ