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SECRETARY OF STATE

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K.SALY EXAMINER APR 26

COVER LETTER

	ion Section of Corporation	าร		
SUBJECT:	Bee	Progres (Name of	Limited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all co	rrespondence o	concerning this matter to the	following:	
-	P	ebeeca N	Bextel ame of Person	
-	MOL	untan Bu	irm/Company	utor, LLC.
-	Po Box	L 9179 (Address Hwy	189 Suite 200
-	Tac	LKSON (City/S	tate and Zip Code	0(
_	Vino	E-mail address: (to be used	oce+Progred for future annual report not	ess.org
For further informa	ition concernin	g this matter, please call:		
Ze		of Contact Person		time Telephone Number
Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check ☐ \$125.0	k for the follow O Filing Fee	ring amount: ☐ \$130.00 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Use Mind (Jurisdiction under the law of which foreign limited liability company is organized) 3. 37 - [799144] (FEI number, if applicable)
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1323 SE 171h Street
Suite 219 (Street Address of Principal Office) 6. Fort laudendale Florida 33316
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1) incent Cosgrove
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
1223 CF 17th Chart Suite 214
Office Address: 1325 32 17 12 51 10 10 17 10 10 17 10 10 17 10 10 17 10 10 10 10 10 10 10 10 10 10 10 10 10
(City) (Zip code)
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Vincent Cosgrove member
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
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, third degree felony as provided for in s.817.155, F.S.
Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

2016 APR 18 PM 2: 46

ALLAHAS RY OF CHIEV

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Bee Progress, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 29, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000702874**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of April, 2016 at 12:02 PM. This certificate is assigned 019933534.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.