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SECRETARY OF STATE

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## **COVER LETTER**

	ration Section on of Corporation	ıs							
SUBJECT:	PR	OPERTY	ACES	s, LLC	,				
		N	ame of Lin	nited Liability (	Company				
		eign Limited Liabilit d to register the abov							
Please return all	correspondence c	oncerning this matte	r to the fol	lowing:					•
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For further infor	mation concerning	g this matter, please							
	MABELLY Name o	LEON -Po	NTE	nt ( <u>786</u> Area Code	_) <u>8</u> 5	784730 rtime Telephone Nu	mber		•
Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 ussee, FL 32314				Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	e		
	eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing F Certificate of State		☐ \$155.00 Filii Certified Copy	-	□ \$160.00 Filing of Status & Certif			;

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

COMPANY TO TRANSACT BUSIL	ON 605,0902, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILIT NESS IN THE STATE OF FLORIDA:
1. PRO (Name of Foreign	PERTY ACES LLC  n Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter altern Liability Company," "L.L.C," or	nate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited r "LLC.")
2. NEVAD (Jurisdiction under the law of company is organized)	which foreign limited liability  3. (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)
s. <u>9740</u>	SW 72 AVE PINECREST, FL 35156
5	(Street Address of Principal Office)
	(Mailing Address)
7. Name and street address of	of Florida registered agent: (P.O. Box NOT acceptable)
Name: _	MABELLY LEON-PONTE
Office Address: _	9740 SW 72 AUE
	PINECREST, Florida 33/56  (City) (Zip code)  nce:  stered agent and to accept service of process for the above stated limited liability company at the place in, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
o complywith the provisions	s of all statutes relative to the proper and complete performance of my duties, and I am familiar with a position as registered agent.
_	(Registered agent's signature)
8. The name, title or capacit	ty and address of the person(s) who has/have authority to manage is/are:
ELEAZAR LOPE	Z-CONTRERAS (MANAGER) 9740 SW 72 AVE, PINECREST, PONTE (MANAGER) 9740 SW 72 AVE, PINECREST, Fl 3315
MABELLY LEON-	-PONTE (MANAGER) 9740 SW 72 AVE, PINECREST, Fl 3315
	existence, no more than 90 days old, duly authenticated by the official having custody of records in the which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath mitted)  Signature of an authorized person
	n accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	MABELLY LEON PONTE - MANAGER  Typed or printed name of signce

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, **PROPERTY ACES**, **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 April 4, 2016, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 15, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160415-2223
You may verify this electronic certificate
online at http://www.nvsos.gov/