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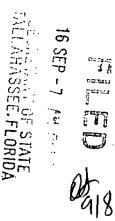
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2016

TINA WEST 4301 S VALLEY VIEW BLVD, STE 19 LAS VEGAS, NV 89103

SUBJECT: SANDBAGS LLC Ref. Number: W16000058630

We have received your document for SANDBAGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

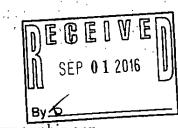
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 116A00017957



www.sunbiz.org

COVER LETTER

TO:		ion Section of Corporation	as				
SUBJE		DBAGS LLC					
		Name of Limited Liability Company					
The end Existen	closed "App ce, and chec	lication by For k are submitte	eign Limited Liability Comp d to register the above refere	eany for Authoriza enced foreign limi	ation to Tra ted liability	ansact Business in Florida," (y company to transact busine	Certificate of ss in Florida
Please i	return all co	rrespondence c	oncerning this matter to the	following:			
	1	TINA WEST					
	_		N	ame of Person			
SANDBAGS LLC							
Firm/Company							
4301 S VALLEY VIEW BLVD STE 19							
Address							
LAS VEGAS, NV 89103							
City/State and Zip Code							
	tw	est@sandbags.	com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furt	her informa	tion concerning	this matter, please call:				
	TINA WE	EST		702	724-999	•	
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
	Division of Registration P.O. Box 6				Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed		for the followi Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate

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

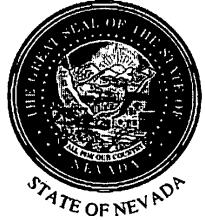
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SANDBAGS LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If 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.") 3. 45-5018469 **NEVADA** (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905. F.S. to determine penalty liability) 4301 S VALLEY VIEW BLVD STE 19 LAS VEGAS, NV 89103 (Street Address of Principal Office) 4301 S VALLEY VIEW BLVD STE 19 LAS VEGAS, NV 89103 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxabatchee 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael Borden - MANAGER 4301 S Valley View Blvd Ste 19 Las Vegas, NV 89103 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 a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Michael Borden - MANAGER

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, SANDBAGS 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 2, 2012, and is in good standing in this state.

O THE SECOND

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 1, 2016.

hora K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160901-1633
You may verify this electronic certificate
online at http://www.nvsos.gov/