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COVER LETTER

Registration Section

Division of Corporations

TO:

Doui SUBJECT:	ble Reef LLC						
		Name of	Limited Liability	Company			
The enclosed "App Existence, and che	olication by For ck are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ation to Trans ted liability o	sact Busines company to	ss in Florida," transact busir	Certificate of ess in Florida
Please return all co	orrespondence c	oncerning this matter to the	following:				
	Bob Gotfredsor	1					
•		N	ame of Person				
	Double Reef LI	cc					
-		Fi	rm/Company			• •	
	5150 Palm Vall	ey Rd					
_			Address				
_	Ponte Vedra Be	ach, FL 32082					
		City/S	tate and Zip Code				
bo	ob@ionloop.cor	n					
For further information	ntion concerning	E-mail address: (to be used this matter, please call:	for future annua	report notifi	cation)	LAHA SEP	
Bob Gotf	redson		904 at (395-3517		12 T	
	Name o	f Contact Person	Area Code	Daytir	ne Telephor	no-Number	Ö
Division o Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			STREET A Division of Registration Clifton Buil 2661 Execu Tallahassee	Corporation Section Iding Itive Center	ns co	
Enclosed is a check ☐ \$125.0	c for the followi O Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy			Filing Fee, Ce Certified Cop	

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

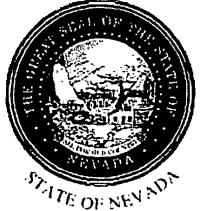
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Double Reef LLC (Name of Fore	ign Limited Liability Company; must include "Li	imited Liability Company." "L.L.C	.," or "LLC	2.'')	
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transaction "LLC.")	ng business in Florida. The alterna	te name mu	ist include "L	imited
2. Nevada	3				
(Jurisdiction under the law company is organized)	(FEI number, if appli	cable)			
4					
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) determine penalty liability)			
5. 5150 Palm Valley Rd.					
Ponte Vedra Beach Flo					
	(Street Address of Principal Offi	ice)			
6. 5150 Palm Valley Rd. 5	Suite 204				
Ponte Vedra Beach Flo	orida 32082		Ž.	2015	
	(Mailing Address)		>	3.EP	77
7. Name and street addres	s of Florida registered agent: (P.O. Box NC	<u>)T</u> acceptable)	ASS.	- 6 -	T-M-Ind
Name:	United States Corporation Agents, Inc.			2	77
Office Address:	13302 Winding Oak Court Suite A			ë D :{	
	Tampa	, Florida	<u>a:</u> :	: 28	
Registered agent's accep	(City)	(Zip coc	ie) E	٠	
Having been named as red designated in this applica- to complywith the provision	gistered agent and to accept service of proc tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and my position as registered agent. Cheyenne Moselo	gistered agent and agree to act complete performance of my ey, Asst. Secretary on behalf of	in this cap duties, and	pacity. I fui d I am famil	rther agree liar with and
	(Registered agent's	signature)			
8. The name, title or capa Bob Gotfredson - Pre	acity and address of the person(s) who has/ha	ave authority to manage is/are:			
5150 Palm Valley Rd. Su					
Ponte Vedra Beach Florid	la 32082				
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)	in a foreign language, a transla	aving custo	ody of recor certificate u	ds in the inder oath

Bob Gotfredson

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.

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, **DOUBLE REEF 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 July 27, 2009, and is in good standing in this state.

AL OF THE STATE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 26, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160726-1128
You may verify this electronic certificate
online at http://www.nvsos.gov/