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COVER LETTER

TO:

R TI	SFP82 LLC
ניטיים	Name of Limited Liability Company
en ster	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificance, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,
ise	return all correspondence concerning this matter to the following:
	Stephen M. Tucci
	Name of Person
	Firm/Company
	12231 Lavender Loop
	Address
	Bradenton, FL 34212
	City/State and Zip Code
	stephen.tucci@gmail.com
	E-mail address: (to be used for future annual report notification)
fur	ther information concerning this matter, please call:
	Stephen Tucci 561 271-6912 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
los	ed is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \\ \$\Certificate \text{ Certificate of Status} \\ \$\Certificate \text{ Certified Copy} \\ \$\Text{ 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter al iability Company," "L.L.C,"		icting business in Florida. The alternate nat	ne must include "Limite
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.) . to determine penalty liability)	_
412 N. Main Street Ste	100		_
Buffalo, WY 82834			- 34 5
412 N. Main Street Ste	(Street Address of Principal C	Office)	<u> </u>
		***************************************	P 16
Buffalo, WY 82834	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	PH II:
Name:	Stephen M. Tucci	1101 deceptions	A15.
	12231 Lavender Loop		
Office Address:	<u> </u>	24212	
	Bradenton	Florida 34212 (Zip code)	_
legistered agent's accen	(City)	(Zip code)	
esignated in this applica complywith the provisi	otance: egistered agent and to accept service of prestion, I hereby accept the appointment as sons of all statutes relative to the proper a my position as registered agent.	rocess for the above stated limited liab registered agent and agree to act in th	is capacity. I further
laving been named as re lesignated in this applica o complywith the provisi	stance: egistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper a	rocess for the above stated limited liab registered agent and agree to act in th nd complete performance of my dutie	is capacity. I further
laving been named as re lesignated in this applica o complywith the provisi accept the obligations of	stance: egistered agent and to accept service of presistered agent and to accept service of presiston, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent. (Registered agen	rocess for the above stated limited liab registered agent and agree to act in the nd complete performance of my dutient's signature)	is capacity. I further
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Having been named as re- designated in this applicate of complywith the provision of the complywith the provision of the complyment of the complyment of the complex of the	stance: registered agent and to accept service of prestion, I hereby accept the appointment as sons of all statutes relative to the proper a my position as registered agent. (Registered agent acity and address of the person(s) who has Executive Manager	rocess for the above stated limited liab registered agent and agree to act in the nd complete performance of my dutient's signature) Thave authority to manage is/are: uly authenticated by the official having	sis capacity. I further s, and I am familiar s

STEPHEN M - Tuck F

Typed or printed name of signee

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.

STATE OF WYOMING Office of the Secretary of State

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

SFP82 LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 6, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000725373**.

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 8th day of September, 2016 at 12:01 PM. This certificate is assigned 020967428.



Secretary of State

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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.