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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	-	Flynn Bull Name of L	+ Real+ imited Liability C	U) LL ompany		
The enclosed "A Existence, and c	application by Fore theck are submitted	ign Limited Liability Compa to register the above referer	any for Authorizat aced foreign limit	ion to Tran ed liability	sact Business in Florida," company to transact busine	Certificate of ess in Florida
Please return all	correspondence co	oncerning this matter to the f	ollowing:			
	Morgan Bottger				•	
	-	Na	me of Person	-		
	Liberis Law Firm	n				
		Fir	m/Company			
	212 West Intend	encia Street				
			Address			
	Pensacola, Fl. 32	2502	,			
		City/Sta	ate and Zip Code			
	Registeredagent@	Liberislaw.com				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further info	rmation concerning	this matter, please call:				
Morga	n Bottger		850 at (438-964	7	
	Name of	Contact Person	Area Code	Dayt	ime Telephone Number	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314			Division of Registration Clifton Bu 2661 Exec		
	neck for the followi 5.00 Filing Fee	ng amount: \$\mathbb{\omega}\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & 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:

		purpose of transacting	business in Florida. The alternate name	me must include "Limited
.iability Company," "L.L.C,	" or "LLC.")			
Wyoming (Jurisdiction under the law	of which foreign limited liabil	3	(FEI number, if applicable	2)
company is organized)	S	•		,
·	(Date first transacted	business in Florida, if	prior to registration.)	_
	(See sections 605.0904	& 605.0905, F.S. to d	etermine penalty liability)	
1300 East Olive Road				
Pensacola, Florida 325				一
1200 F . Ol'. B . I	(Street Addre	ess of Principal Office)	SEP T
1300 East Olive Road				- 添加 F
Pensacola, Florida 325				_ F R B
	(M	ailing Address)		
7. Name and street address	ss of Florida registered ager	nt: (P.O. Box <u>NOT</u>	_acceptable)	3: 40 STATE -LORIDJ
Name:	Charles S. Liberis			>*************************************
Office Address:	212 West Intendencia Stre	eet		
011100111111111	Pensacola		, Florida 32502	
		V. X	(Zip code)	_
Registered agent's accep	(C	ity)	(2.6 6000)	
lesignated in this applica o complywith the provisi	tance: gistered agent and to accept tion, I hereby accept the a ons of all statutes relative in my position as registered o	pt service of proces. ppointment as regis to,the proper,and co	s for the above stated limited liab stered agent and agree to act in the complete performance of my dutie	his capacity. I further agree
Having been named as re designated in this applica o complywith the provisi accept the obligations of a	tance: gistered agent and to acce tion, I hereby accept the a ons of all statutes relative i my position as registered o	pt service of process ppointment as regis to the proper and co gent. (Registered agent's sig	s for the above stated limited liab stered agent and agree to act in the complete performance of my dutie gnature)	his capacity. I further agree
Having been named as relesignated in this applicate ocomplywith the provisincept the obligations of the control	tance: gistered agent and to acce tion, I hereby accept the a ons of all statutes relative i my position as registered o	pt service of process ppointment as regis to the proper and co gent. (Registered agent's sig	s for the above stated limited liab stered agent and agree to act in the complete performance of my dutie gnature)	his capacity. I further agree
Having been named as relesignated in this applicate ocomplywith the provisincept the obligations of the control	tance: gistered agent and to acception, I hereby accept the alons of all statutes relative in my position as registered of accept and address of the per	pt service of process ppointment as regis to the proper and co gent. (Registered agent's sig	s for the above stated limited liab stered agent and agree to act in the complete performance of my dutie gnature)	his capacity. I further agree

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Flynn Built Realty, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **25th** day of **August**, **2016** at **2:53 PM**.

Remainder intentionally left blank.

Secretary of State

Filed Online By:

Charles Liberis

on 08/25/2016

Filed Date: 08/25/2016

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,

Flynn Built Realty, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 25, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000724467**.

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 15th day of September, 2016 at 1:41 PM. This certificate is assigned 021020512.



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.