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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| ~ | REALTY ENRICH | IMENT HOLDINGS, LLC | | | | |
|---------------------------|--|--|---|--|--|--|
| BJECT: | · · · · · · · · · · · · · · · · · · · | Name of Limited Liability Company | | | | |
| e enclosed istence, ar | l "Application by Fo nd check are submitt | reign Limited Liability Comp ed to register the above refer | pany for Authorization enced foreign limited | n to Transact Business in Florida," Cert liability company to transact business i | | |
| ase return | all correspondence | concerning this matter to the | following: | | | |
| | Casey Roberts | | | | | |
| | ************************************** | N | ame of Person | | | |
| | AC SALE SALE SALE SALE SALES S | F | irm/Company | | | |
| | 171 Lakeside l | Orive | | | | |
| | * -1 | | Address | | | |
| | Sanford, FL 3 | Sanford, FL 32773 | | | | |
| | | City/9 | tate and Zip Code | | | |
| | casey broberts@ | | | | | |
| | | E-mail address: (to be use | d for future annual req | port notification) | | |
| further in | nformation concerning | ng this matter, please call: | | | | |
| Car | sey Roberts | | 602 at () | 680-0173 | | |
| ` | Name | of Contact Person | Area Code | Daytime Telephone Number | | |
| Div Reg P.O | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tellahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |
| | check for the follow 125.00 Filing Fee | ving amount: \$130.00 Filing Fee & Certificate of Status | S155.00 Filing F | Fee & \$160.00 Filing Fee, Certifi of Status & Certified Copy | | |

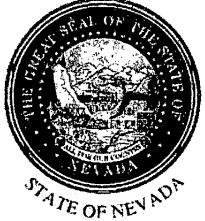
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

| REALTY ENRICHM | ENT HOLDINGS, LLC eign Limited Liability Company, must include "L | | |
|---|---|--|--|
| (Name of For | eigh Limited Liability Company, must include "Li | imited Liability Company," "L.L.C.," or "LD | C.") |
| Liability Company," "L.L.C, | lternate name adopted for the purpose of transaction of "LLC.") | ng business in Florida. The alternate name m | ust include "Limited |
| 2. Nevada | 4 | | |
| (Jurisdiction under the low company is organized) | of which foreign limited liability | (FEI number, if applicable) | |
| 4. | (Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to | if prior to registration.) | |
| 5. 171 Lakeside Drive Se | | determine penalty liability) | |
| | | | |
| 6 | (Street Address of Principal Offi | oe) | |
| | | | |
| | (Mailing Address) | | |
| 7. Name and street address | ig of Florida registered agent: (P.O. Box NO | Taoceptable) | 計算 奇 |
| Name: | Business Filings Incorporated | | 3 |
| Office Address: | 1200 South Pine Island Road | | |
| | Plantation | , Florida 33324 | - m |
| Registered agent's accep | (City) | (Zip code) | |
| Having been named as re this application, I hereby | gistered agent and to accept service of proce accept the appointment as registered agent of statutes relative to the proper and complete p tion as registered agent. | and agree to act in this capacity. I furth performance of my duties, and I am fan ou for Rusiness Filines In | ne place designated in ter agree to comply aliar with and accept |
| 8. The name, title or caps | city and address of the person(s) who has/hav | ve authority to manage is/are: | |
| Casey Roberts Mgr, 171 L | akeside Drive Sanford, FL 32773 | | |
| Nichole Roberts, Mgr 171 | Lakeside Drive Sanford, FL 32773 | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| O. Attached is a certificate urisdiction under the law of the translator must be su | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is instructed) | authenticated by the official having custon a foreign language, a translation of the | dy of records in the certificate under cath |
| | C. Kings | | • |
| | Signature of an authoriz | zed person | |
| | in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de | | |
| | Casey Roberts | | |

Typed or printed name of signee

SECRETARY OF STATE



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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, **REALTY ENRICHMENT HOLDINGS**, **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 October 18, 2016, and is in good standing in this state.

A CONTRACTOR OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 7, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161107-0723
You may verify this electronic certificate
online at http://www.nvsos.gov/