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(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
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SECRETARY OF STATE
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D. SCOTT DEC 1 2 2016

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations					
PURELIFE SUBJECT:	PROPERTY GROUP, LLC					
Name of Limited Liability Company						
The enclosed "Application Existence, and check are	n by Foreign Limited Liability Comp submitted to register the above refere	pany for Authorization to Transact Busines enced foreign limited liability company to	transact business in Florida			
Please return all correspo	ndence concerning this matter to the	following:	organization			
TYLEI	RBOYER					
***************************************	Ne	ame of Person				
PUREI	LIFE PROPERTY GROUP, LLC					
	Fi	rm/Company				
181 E I	PINEHURST DRIVE	:				
		Address				
SANTA	A ROSA BEACH FL 32459					
	City/St	tate and Zip Code				
tylerboye	er929@yahoo.com					
	E-mail address: (to be used	for future annual report notification)	<del></del>			
For further information co	oncerning this matter, please call:					
TYLER BOYE		978 206 1340 at ()				
	Name of Contact Person	Area Code Daytime Telepho	ne Number			
MAILING ADI Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL	orations ion 32314	STREET ADDRESS: Division of Corporatio Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301	FILET Circle			
■ \$125.00 Filing			Filing Fee, Certificates Certified Copy			

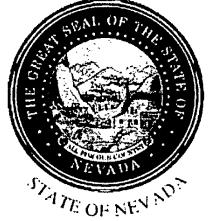
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

PURELIFE PROPERT	Y GROUP, LLC		
(Name of Fore	eign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting bu " or "LLC.")	usiness in Florida. The alternate nam	e must include "Limited
2. NEVADA	of which foreign limited liability	(FEI number, if applicable)	<del></del>
company is organized)	of which foldigh inneed habitaty	(1 21 number, it approacts)	
4	(Date first transacted business in Florida, if pr	riar to maintention	-
	(See sections 605.0904 & 605.0905, F.S. to dete	ermine penalty liability)	
5. 181 E PINEHURST D	RIVE		•
SANTA ROSA BEAC	H FL 32459		
<del></del>	(Street Address of Principal Office)		-
6. 181 E PINEHURST DI	RIVE		-
SANTA ROSA BEAC	H FL 32459		4,0 =
	(Mailing Address)		· ALCO
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT ac	ccentable)	國馬巴
	BUSINESS FILINGS INCORPORATED	oopmon,	550 65
Name:			原名 。 口
Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	, Florida 33324	三篇 完
Registered agent's accept	(City)	(Zip code)	
Having been named as re this application, I hereby	gistered agent and to accept service of process f accept the appointment as registered agent and statutes relative to the proper and complete perf tion as registered agent.	agree to act in this capacity. I f ormance of my duties, and I am	further agree to comply familiar with and accept
	Brian D. Klallen - Asst. Secretary (Registered agent's signal	for Buriness Filling	s Incorporated
8. The name, title or capa	city and address of the person(s) who has/have a	uthority to manage is/are:	
TYLER BOYER, MANA	GER 181 E PINEHURST DRIVE SANTA	ROSA BEACH FL 32459	
	of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a submitted)		
	Signature of an authorized j	person	-
	in accordance with section 605.0203 (1) (b), Flo. the Department of State constitutes a third degre		
	TVI ED DOVI ED	22100	

Typed or printed name of signee

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, PURELIFE PROPERTY GROUP, 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 November 1, 2016, and is in good standing in this state.

CONTRACTOR OF THE PARTY OF THE

Electronic Certificate
Certificate Number: C20161117-1704
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 17, 2016.

hora K. (egevste

BARBARA K. CEGAVSKE Secretary of State

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