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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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	W171-	2769

Office Use Only



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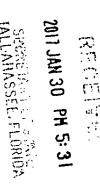
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2017

ZACHARY BISHOP 8450 GATE PKWY W, UNIT 1505 JACKSONVILLE, FL 32216

SUBJECT: TREASURE COAST CAPITAL, LLC

Ref. Number: W17000002769



We have received your document for TREASURE COAST CAPITAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 617A00000709

COVER LETTER

Registration Section , , Division of Corporations

TO:

SUBJECT: TREASURE COAST CAPITAL LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transac Existence, and check are submitted to register the above referenced foreign limited liability con	
Please return all correspondence concerning this matter to the following:	
ZACHARY BISHOP Name of Person	
Firm/Company	
6450 GATE PKWY W UNIT # 1505 Address	
JACKSONVILLE FL, 32216 City/State and Zip Code	
ZACHAR, B'SHOP @ OUTLOOK. COM E-mail address: (to be used for future annual report notification)	ition)
For further information concerning this matter, please call:	
Name of Contact Person at (904) 314-2 Name of Contact Person Area Code Daytime	ロロス Telephone Number
MAILING ADDRESS:STREET ADDivision of CorporationsDivision of CRegistration SectionRegistration SP.O. Box 6327Clifton BuildTallahassee, FL 323142661 ExecutiveTallahassee, ITallahassee, I	orporations Section ing ve Center Circle
· · · · · · · · · · · · · · · · · · ·	\$160.00 Filing Fee, Certificate Status & Certified Copy

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

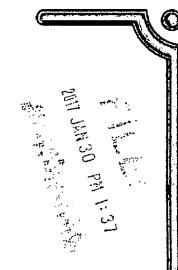
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TREASURE COAST CADITAL, LIC (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "	`LLC.")
TREASURE COAST CAPITAL GROUP III. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company." "L.L.C." or "L.L.C.")	
2. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-4806645 (FEI number, if applicable)	
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 8450 GATE PKMY W WIT #1505	
JACKSONULLE FL, 32216 (Street Address of Principal Office)	. : : : : : : : : : : : : : : : : : :
6. 4320 DEERWOOD LAKE PKWY SUITE 101-227	C. Dem
JACKSONVILLE, FL, 32216 (Mailing Address)	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: ZACHARY BISHOP	ري سال المار دي سال المار المار المار ا
Office Address: 8450 GATE PKW, W UNIT # 1505	
Name: ZACHARY BISHOP Office Address: 8450 GATE PKW, W UNIT # 1505 TACKSOANILE (City) Florida 32216 (Zip code)	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If with the provisions of all statutes relative to the proper and complete performance of my duties, and I am the obligations of my position as registered agent.	at the place designated in urther agree to comply
7 2	
(Registered agent's signature)	•
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
ZACHAR, BISHUP MANAGER 8450 GATE PKIN, W# 1505 TACKSWUILLE FL,	<u> 32216 </u>
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of the translator must be submitted)	the certificate under oath
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.	

ZACHAR, BISHOP MANAGER
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, **TREASURE COAST CAPITAL**, **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 December 2, 2016, and is in good standing in this state.

NE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 27, 2016.

hara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20161227-2286
You may verify this electronic certificate
online at http://www.nvsos.gov/

Date of this notice: 12-28-2016

Employer Identification Number:

81-4806645

Form: SS-4

Number of this notice: CP 575 G

TREASURE COAST CAPITAL LLC ZACHARY BISHOP SOLE MBR 4730 S FORT APACHE RD STE 300 LAS VEGAS, NV 89147

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-4806645. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TREA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.