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| PICK-UP | MAIT | MAIL | | |
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D. SCOTT FEB 2 1 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

ELEVET, LLC 30 ISHIE AVE BRONSON, FL 32621

SUBJECT: ELEVET, LLC Ref. Number: W17000011279 2011 FEB 17 PH 12: 23

We have received your document for ELEVET, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 117A00002554

FILLED

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COVER LETTER

TO: Registration Section

| Division of Corporatio | ns | | | |
|--|--|--|--|-------------|
| SUBJECT: | F(01/04 | 110 | | |
| SUBJECT: | Name of | Limited Liability Company | | |
| | | | nnsact Business in Florida," Certifica y company to transact business in Fl | |
| Please return all correspondence | concerning this matter to the | following: | | |
| · | Travis Cou | genheiner ame of Person | | |
| | EleVet, U | irm/Company | | |
| | 30 Ishie | Ave | 五名 二 | |
| | | Address | EAC PA | 7 |
| | Broason, Fl | 3262/ tate and Zip Code | TARY O | LEL |
| | , , | Esmail. Com. | ification) | : : : |
| For further information concerning | | | ア | |
| Travis (c) | xysexheiner of Contact Person | at (<u>352</u>) <u>31</u> Area Code Day | 7-4909 time Telephone Number | |
| MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Division Registrat Clifton B 2661 Exc | of Corporations ion Section uilding ecutive Center Circle iee, FL 32301 | |
| Enclosed is a check for the follow ☐ \$125.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy | S160.00 Filing Fee, Certificate 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 I COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA; | FOREIGN LIMITED LIABILITY |
|---|--|
| Flollof 110 | |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or | "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.") | e must include "Limited |
| (.)\((| 3 |
| 2. WY (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-4217276 (FEI number, if applicable) | <i>I</i> |
| | |
| 4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | • |
| 5. 1712 Pigneer Ave Suite 105 500 | _ |
| Cheyeste WY 82001 (Street Address of Principal Office) | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | TAS T |
| 6 | · Eg - |
| | 美罗里 |
| (Mailing Address) | SAR TIM |
| 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | |
| Name: Justin Mowitz, Esq | 65 - |
| Office Address: S341 SW 91st Terr Suite A | 電影 も |
| Gainesuille FC 32608 , Florida 32608 (City) (Zip code) | _ |
| (City) (Zip code) Registered agent's acceptance: | |
| Having been named as registered agent and to ascept service of process for the above stated limited liabi designated in this application. I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relatives to the proper and complete performance of my duties accept the obligations of my position as registered agent. (Registered agent's signature) | is capacity. I further agree |
| \ | |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | |
| Travis Cussenhainer Prosident | |
| 30 Féhire Ave | |
| Bronson, FC 32621 | |
| 9. Attached is a certificate of existence, no more than 90 days old, dult authoriticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted) Signature of an authorized person | custody of records in the fithe certificate under oath |
| This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that am submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 | y false information '.155, F.S. |
| Typed or printed name of signee | - . |
| i ypea or printea name of signee | |

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,

EleVET, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 26, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000730724**.

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 26th day of January, 2017 at 12:08 PM. This certificate is assigned 022045213.



SECRETARY OF STATE
SECRETARY OF

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.