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TO:

Registration Section

Division of Corporations			
SUBJECT:	FAMILY CHOICE NETWORK, LLC		
Name of Limited Liability Company			
		pany for Authorization to Transact Business in Florida," Cert renced foreign limited liability company to transact business in	
Please return	all correspondence concerning this matter to the	e following:	
	KRISTEN E. SIMMONS, ESQ.		
	N	Name of Person	
	OSHINS & ASSOCIATES, LLC		
Firm/Company			
1645 VILLAGE CENTER CIRCLE, SUITE 170			
Address			
	LAS VEGAS, NV 89134		
	City/S	State and Zip Code	
	KSIMMONS@OSHINS.COM		
	E-mail address: (to be use	ed for future annual report notification)	
For further in	formation concerning this matter, please call:		
KR	ISTEN E. SIMMONS, ESQ.	702 341-6000, EXT. 7	
	Name of Contact Person	Area Code Daytime Telephone Number	
Div Reg P.O	ision of Corporations istration Section Box 6327 Sahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 125.00 Filing Fee \$\Bigcup \$130.00\$ Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificed Copy of Status & Certified Copy	cate

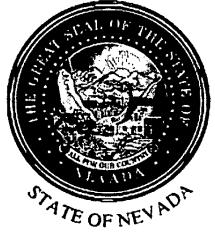
APPL: 24TION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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: FAMILY CHOICE NETWORK, LLC (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 must include "Limited Liability Company," "L.L.C," or "LLC.") **NEVADA** (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 930 TAHOE BLVD., #802-505 **INCLINE VILLAGE, NV 89451** (Street Address of Principal Office) 930 TAHOE BLVD., #802-505 **INCLINE VILLAGE, NV 89451** (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 43910 Allanuxxx Ct. Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JOHN A. FRANK, MANAGER, 930 TAHOE BLVD., #802-505, INCLINE VILLAGE, NV 89451 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

JOHN A. FRANK

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, **FAMILY CHOICE NETWORK**, **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 February 1, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 22, 2017.

BARBARA K. CEGAVSKE Secretary of State

ochora K. Cegevske

Electronic Certificate
Certificate Number: C20170322-0643
You may verify this electronic certificate
online at http://www.nvsos.gov/