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NOTABLE PRINCE

SECRETARY OF STATE

ALL ANASSEF STATE

K. SALY APR 1 8 2017

COVER LETTER

-	of Corporations
SUBJECT:	4 Sight Investment Group L.L.C.
	Name of Limited Liability Company
	lication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the kare submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all co	rrespondence concerning this matter to the following:
_	Rustin Koonce
	Name of Person
	4 Sight Investment Group LLC Firm/Company
_	Firm/Company
_	10 Box 48/ Address
	Address
	Glen Dale, MD 20769 City/State and Zip Code
	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
_	tion concerning this matter, please call:
L	Pustin Kounce at 30/ 437-1600
	Name of Contact Person Area Code Daytime Telephone Number
	G ADDRESS: STREET ADDRESS: Division of Corporations
Registration P.O. Box (
	e, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301
Enclosed is a check	for the following amount: Filing Fee, Designation of Registered Agent & Certified Copy Filing Fee \$\Boxed{1}\$\$\$\$ \$\$130.00 Filing Fee & \$\Boxed{1}\$
□ \$123.00	Certificate of Status Certified Copy of Status & Certified Copy

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

1.
(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 "L.L.C," o
Liability Company, "L.L.C." or "L.L.C." or "L.L.C." of Many Land (Jurisdiction under the law of which foreign limited liability company is organized) 4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5.
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5. 1200 2 Green (but +
5. 1200 2 Green (but +
(Registered agent's signature) Street Address of Principal Office
6. Gran Dale, MD 20769 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Delers Kobnce Office Address: PIP Kendall Dlive Tallchasse (City), Florida 3230/ (City) (Zip code) 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 a accept the obligations of my position as registered agent. (Registered agent's signature)
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Deleves Kornce Office Address: PIP Kenda// Deive Tallagele , Florida J230/ (City) , Florida J230/ (Zip code) 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 a accept the obligations of my position as registered agent. (Registered agent's signature)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Deleves Kodnce Office Address: SIP Kendall Deive Tallagell , Florida J230/ (City) (Zip code) 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 a accept the obligations of my position as registered agent. (Registered agent's signature)
Name: Deleres Koonce Office Address: SIB Kendall Drive Tallah gibel , Florida 3230/ (City) (Zip code) 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 a accept the obligations of my position as registered agent. (Registered agent's signature)
Office Address: TalloggSell
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8. The name, title or canacity and address of the person(s) who has/have authority to manage is/are:
Mustin Konce Season Vice Mesident
Dustin Koonce Seno-Vice Mesident PO Box 481 Glenn Dusc, MD 20769
Glen 24/c, MD 20769
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)
Signature of an authorized person
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. DUSTIN KINCO

Typed or printed name of signee

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

FURTHER CERTIFY THAT 4 SIGHT INVESTMENT GROUP, LLC, REGISTERED OCTOBER 18, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MATCH. AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 27, 2017.

FILED SECRETARY OF STATE

Acting Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice