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SECRETARY OF STATE

K. SALY MAY - 9 2017

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Mane Properties, LLC
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate cee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please	eturn all correspondence concerning this matter to the following:
	Patricia Shaffer
	Name of Person
	Mane Properties, LLC
	Firm/Company
	674 Flagstone Dr.
	Address
	Irving, TX 75039
	City/State and Zip Code
	patriciashaffer3@gmail.com
	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
	Patricia Shaffer 505 918-5370 at (
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	d is a check for the following amount: \$\Bigsize \text{\$125.00 Filing Fee} \Bigsize \$\Bigsize \$\Bizze

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

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Mane Properties, 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 Florich. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) 11/30/2016 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 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 applitument 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 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 assegistered again (Registered agent) macity and address of the person(s) who has/have authority to manage is/are: atricia Shaller: Jarvett Shaffer 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 outh 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. Typed or printed name of signed

OFFICE OF THE SECRETARY OF STATE NEW MEXICO



Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

MANE PROPERTIES, LLC 4214961

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on September 17, 2009, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: January 13, 2017

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

VASCE LEGISTICS OF THE STATE OF

Maggie Toulouse Oliver Secretary of State

Certificate Validation #: 0007509

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under Certificate Validation.



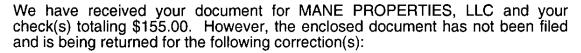
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2017

PATRICIA SHAFFER MANE PROPERTIES, LLC 674 FLAGSTONE DR. IRVING, TX 75039

SUBJECT: MANE PROPERTIES, LLC

Ref. Number: W17000010634



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.

The document number of the name conflict is L06000093567 "MANE PROPERTIES, LLC'.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00002360

