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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section

TO:

| Division of Corporations | | | | |
|--|---------------------------------------|-------------|---------------------------|------------|
| SUBJECT: SPIRIT PROPERTY SOLUTIONS, LLC | | | | |
| | Limited Liability | Company | | |
| The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refere | | | | |
| Please return all correspondence concerning this matter to the | following: | | | |
| Rita D Holland | | | | |
| N | ame of Person | | | |
| SPIRIT PROPERTY SOLUTIONS, LLC | 2 | | | |
| Fi | irm/Company | | | |
| 7789 MUD LAKE RD | | | | |
| | Address | | | |
| MACCLENNY FL 32063 | · · · · · · · · · · · · · · · · · · · | | | |
| City/S | tate and Zip Code | : | | |
| rholland7789@gmail.com | 16.6 | | | |
| E-mail address: (to be used | a for future annua | i report no | urication) | |
| For further information concerning this matter, please call: | | | | |
| Rita D Holland | at (904 | 509-7 | 737 | |
| Name of Contact Person | Area Code | Day | ytime Telephone Number | |
| MAILING ADDRESS: | | | Γ ADDRESS: | |
| Division of Corporations | | | of Corporations | |
| Registration Section P.O. Box 6327 | | Clifton B | tion Section | |
| Tallahassee, FL 32314 | | | ecutive Center Circle | |
| Tallallassee, TE 32314 | | | see, FL 32301 | |
| Enclosed is a check for the following amount: | | | | |
| \$125.00 Filing Fee \$\Boxed{1}\$\$130.00 Filing Fee & | □ \$155.00 Fili | ng Fee & | □ \$160.00 Filing Fee, Ce | ertificate |
| Certificate of Status | Certified Copy | | of Status & Certified Cop | |
| | | | | |

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. SPIRIT PROPERTY SOLUTIONS, LLC

| Liability Company," "L.L.C, | | the purpose of transaction | ng business in Florida. The alternate name | must include "Limited |
|---|--|--|---|---------------------------|
| | 0, 22 0.) | | | |
| Nevada (Jurisdiction under the law | of which foreign limited I | iability 3. | (FEI number, if applicable) | |
| company is organized) | | | | |
| 4 | (Date first transac | cted business in Florida. | if prior to registration.) | |
| | (See sections 605.09 | 904 & 605.0905, F.S. to | determine penalty liability) | |
| 5. 7789 MUD LAKE RD M | ACCLENNY FL 32063 | | | |
| | | | | 12 |
| | (Street A | Address of Principal Offi | ce) | · |
| 6 | | | -t ₁₁ | ි. ජ ප ලබ |
| | | | | (2) |
| | | (Mailing Address) | | U |
| 7. Name and street addre | ss of Florida registered : | agent: (P.O. Box. NC | OT acceptable) | |
| | Registered Agents In | | <u>, i acceptatore</u> | |
| Name: | Registered Agents in | nc. | | |
| Office Address: | 3030 N. Rocky Poir | nt Dr. STE 150A | | |
| | Tampa | | , Florida 33607 | |
| | | (City) | (Zip code) | |
| Registered agent's accep | mictored appet and to a | accent service of proc | | |
| Having been named as re designated in this applica | stion, I hereby accept th ons of all statutes relati | he appointment as reg ive to the proper and | ess for the above stated limited liabili eistered agent and agree to act in this complete performance of my duties, signature) | capacity. I further agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of | ntion, I hereby accept the ons of all statutes relation y position as registere | the appointment as regive to the proper and ed agent. (Registered agent's second | eistered agent and agree to act in this complete performance of my duties, signature) | capacity. I further agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of | ation, I hereby accept the ons of all statutes relations of all statutes relations as registered acity and address of the | ne appointment as regive to the proper and ed agent. (Registered agent's sperson(s) who has/ha | eistered agent and agree to act in this complete performance of my duties, signature) ve authority to manage is/are: | capacity. I further agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of 8. The name, title or cap Rita D. Holland Mgr 7 | ation, I hereby accept the ons of all statutes relations of all statutes relation as registered acity and address of the 789 MUD LAKE RD | Registered agent's person(s) who has/ha | sistered agent and agree to act in this complete performance of my duties, signature) ve authority to manage is/are: | capacity. I further agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of | ation, I hereby accept the ons of all statutes relations of all statutes relation as registered acity and address of the 789 MUD LAKE RD | Registered agent's person(s) who has/ha | sistered agent and agree to act in this complete performance of my duties, signature) ve authority to manage is/are: | capacity. I further agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of 8. The name, title or cap Rita D. Holland Mgr 7 Russell L. Holland M | ation, I hereby accept the ons of all statutes relations of all statutes relations position as registered acity and address of the 789 MUD LAKE RD agr 7789 MUD LAKE | re appointment as regive to the proper and ed agent. (Registered agent's person(s) who has/ha MACCLENNY FL. E RD MACCLENN | sistered agent and agree to act in this complete performance of my duties, signature) ve authority to manage is/are: | capacity. I further agree |

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.

Rita D. Holland

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, **SPIRIT PROPERTY SOLUTIONS, 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 April 11, 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 May 1, 2017.

Bolling K. Cycuste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170501-2555
You may verify this electronic certificate
online at http://www.nvsos.gov/