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COVER LETTER

TO:

Registration Section

Divisi	on of Corporation	S				
cupiect. (CATAPULT PROPE	ERTIES, LLC				
SUBJECT: _			Limited Liability C	Company		•
		eign Limited Liability Comp d to register the above refero				
Please return a	Il correspondence c	oncerning this matter to the	following:			
	David Espejo					_
		N	ame of Person			
	CATAPULT P	ROPERTIES, LLC				_
		Fi	rm/Company			
	8018 WEATH	HER VANE DR				_
			Address			
	JACKSONVILI	_E FL 32244				_
		City/S	tate and Zip Code			TA PARK
	Espejod@yahoo					
		E-mail address: (to be used	d for future annual	report not	ification)	
For further infe	ormation concerning	g this matter, please call:				THAY IT PH 3: 48
Davi	d Espejo		at (904	535-09	989	ب <u>ه</u> پ بې دې
	Name o	f Contact Person	Area Code	Day	time Telephone Number	. . .
Divis Regis P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding ecutive Center Circle iee, FL 32301	
	theck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

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:

Liability Company," "L.L.C,		acting business in Florida. The alternate name mu	st include "Limited
2. NEVADA	of which foreign limited liability	(FEI number, if applicable)	
company is organized)	of which foreign infined hability	(res number, it applicable)	
4	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
5. 8018 WEATHER VANE	DR JACKSONVILLE FL 32244		:
	(Street Address of Principal	Office)	
. 9019 WEATHED VAN			
6. OUTO WEATHER VAIN	E DR JACKSONVILLE FL 32244		- n
			1 ALL
	(Mailing Address)		3 23
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	14 S
Name:	Registered Agents Inc.		17 HAY 17 PH
	3030 N. Rocky Point Dr. STE 150A		3 7
Office Address:		<u>'</u>	بب ج
Office Address:	Tampa		<u>ب</u> ج
Registered agent's accep	Tampa (City)	, Florida 33607 (Zip code)	3: 48
Registered agent's accep Having been named as re designated in this applica to complywith the provisi	Tampa (City) stance: egistered agent and to accept service of particular to the component of the component	, Florida 33607 (Zip code) process for the above stated limited liability of sregistered agent and agree to act in this capand complete performance of my duties, and	company at the place pacity. I further agre
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of	Tampa (City) stance: egistered agent and to accept service of particular to the proper to the prop	, Florida 33607 (Zip code) process for the above stated limited liability of segistered agent and agree to act in this capand complete performance of my duties, and this signature)	company at the place pacity. I further agre
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Registered agent's accept Having been named as redesignated in this applicate complywith the provisiaccept the obligations of	Tampa (City) Itance: Legistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper my position as registered agent. (Registered agent active and address of the person(s) who have	, Florida 33607 (Zip code) process for the above stated limited liability of segistered agent and agree to act in this capand complete performance of my duties, and my signature) as/have authority to manage is/are:	company at the place pacity. I further agre
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Registered agent's accept Having been named as redesignated in this applicate to complywith the provision accept the obligations of 8. The name, title or capt David Espejo, Managen David Espejo, Ma	Tampa (City) Intance: Segistered agent and to accept service of pation, I hereby accept the appointment assons of all statutes relative to the proper my position as registered agent. (Registered agent acity and address of the person(s) who have 8018 WEATHER VANE DR JACON Cof which it is organized. (If the certificate of which it is organized. (If the certificate of the person is organized.)	, Florida 33607 (Zip code) process for the above stated limited liability of registered agent and agree to act in this call and complete performance of my duties, and not not signature) as/have authority to manage is/are: CKSONVILLE FL 32244 duly authenticated by the official having custoc is in a foreign language, a translation of the	company at the place pacity. I further agred I am familiar with a cody of records in the certificate under oath

Typed or printed name of signee

David Espejo

SECRELARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavsho, the duly elected and qualified. Nevada Scoretary of State, do hereby certify that Lam, 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 Tule. The thic 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, **CATAPULT PROPERTIES**, LLC, as a limited hability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 18, 2017, and is in good standing in this state.

Electronic Certificate
Certificate Number C20:170509-1723
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 9, 2017.

Barbara K. Cegavske

Barbara K. Cegavske

Scorctaryof State