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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2017

CHRISTOPHER S. BAIR 3693 LIGHTVIEW LANE JACKSONVILLE, FL 32225

SUBJECT: BAIR ASSETS, LLC Ref. Number: W17000050362

We have received your document for BAIR ASSETS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 817A00012202

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bair Assets LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Christopher S. Bair Name of Person
Boir Assets LLC Firm/Company
3693 Lightview Lane Address
Jacksonille, P. 32225 City/State and Zip Code browesbair 80 @ amail. com CB
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher S. Boir at (904) 482-8586 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
Enclosed is a check for the following amount: \$\Begin{array}{c} \precedent \$125.00 \text{ Filing Fee} & \Begin{array}{c} \precedent \$130.00 \text{ Filing Fee} & \Begin{array}{c} \Precedent \$155.00 \text{ Filing Fee} & \Begin{array}{c} \precedent \$160.00 \text{ Filing Fee}, \text{ Certificate} \\ \text{ Certified Copy} \end{array}\$ The state of Status & Certified Copy \text{ Certified Copy} \end{array}\$

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

	TION 605.0902, FLORIDA STATUTES, THE 1 ISINESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGIS.	TER Ą FOREIGIY LIMITED LIABILITY
1. Box Ass (Name of Foreign	Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or "LLC."	· · · · · · · · · · · · · · · · · · ·
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	Florida. The alternate name must include "Limited Lin	ability Company," "L.L.C," or "LLC.")
2 State of N	600120	3. <u>82-15627</u>	-22
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	sber, if applicable)
4. NIA	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.)	
5 2693 Licht	iner stane	6 3693 Light	ion lane is
(Street Address of)		(Malling Ad	dress)
Jacksonville	2,16 3665	19CF SOLIOIL	F 7
			19 F
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	Boo Christopher S	Baic	15: FLO
Office Address:	3613 Lighthiew La	v.e	ATE ATE
	Jacksonville	Florida 322	25
Registered agent's accep	(City)	(Zip co	de)
to comply with the provise	tion, I hereby accept the appointment ions of all statutes relative to the proposition as registered agent.		
	(Registered agent	's signature)	
8. The name, title or cap. <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address:	has/have authority to manage is/are: Title or Capacity:	Name and Address:
Wander	Christopher S. Bair	·	
<u> </u>	Jacksonville, 12322	<u>us</u>	
			•
19.00 P. 64.00			
		<u> </u>	
(Use attachments if neces	sary)		•
	of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)		
	11.		
	Signati	ure of an authorized person	
10. This document is executed submitted in a document to	cuted in accordance with section 605.02 to the Department of State constitutes a	third degree felony as provided for it	are that any false information as 817.155, F.S.
	Christopher S.	Bair	
	Typed	f or printed name of signee	

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, **BAIR ASSETS**, **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 May 17, 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 June 19, 2017.

Bollara K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170619-0488
You may verify this electronic certificate
online at http://www.nvsos.gov/