(Re	questor's Name)	
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COVER LETTER

TO:		ation Section 1 of Corporations					
SUBJE	-	.BUILDCORPLI					
ocbji				Limited Liability C	ompany		
			ign Limited Liability Comp to register the above refere				
Please	return all	correspondence co	ncerning this matter to the	following:			
		MARSHA SIHA	\				
			Na	ame of Person			
		INCFILE.COM	LLC				
		· · · · · · · · · · · · · · · · · · ·	Fi	rm/Company	-		
		17350 STATE	HWY 249 SUITE 22	0			
				Address			
		HOUSTON TX	77064				
			City/Si	tate and Zip Code			
		Granding					
	•		E-mail address: (to be used	for future annual	report noti	ification)	•
For fur	ther infor	mation concerning	this matter, please call:				
	MARS	HA SIHA		888 at (53X 701	
		Name of	Contact Person	Area Code	Day	time Telephone Number	•
	Division Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division of Registrati Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclos		eck for the followi 5.00 Filing Fee	ng amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of 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:

	ign Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," or	"LLC.")
iability Company," "L.L.C,' WYOMING	3.	ess in Florida. The alternate name of the state of the st	
company is organized)	of which foreign limited liability	(FEI number, it applicable)
. <u>N/A</u>	(Date first transacted business in Florida, if prior	to registration)	_
913 Beal Pkwy NE,	(See sections 605.0904 & 605.0905, F.S. to determine	ne penalty liability)	·-
Fort Walton Beach, F	:L 32547		
	(Street Address of Principal Office)		~ ~
913 Beal Pkwy NE,	Suite A-1009		ASS S
Fort Walton Beach, F	L 32547		FILE SECRETARS TALLARIASS
	(Mailing Address)		一部 73
. Name and street addres	s of Florida registered agent: (P.O. Box NOT accep	ptable)	Fig. 7
Name:	LEGALINC CORPORATE SERVICES INC.		2: 32 FILORID
Office Address:	5237 SUMMERLIN COMMONS SUITE 400		
	FORT MYERS FL	, Florida 33907	
Registered agent's accep	(City)	(Zip code)	
łaving been named as re	gistered agent and to accept service of process for t tion, I hereby accept the appointment as registered	agent and agree to act in th	is capacity. I further agi
lesignated in this applica o complywith the provision	ons of all statutes relative to the proper and comple my position as registered agent. (Registered agent's signature	y	
lesignated in this applica o complywith the provision occept the obligations of i	ny position as registered agent. (Registered agent's signature		
lesignated in this applical ocomplywith the provision occupt the obligations of the obligations of the occupance. 8. The name, title or capa	(Registered agent's signature acity and address of the person(s) who has/have authorized	ority to manage is/are:	
lesignated in this applical ocomplywith the provision occupt the obligations of the obligations of the occupance. 8. The name, title or capa	ny position as registered agent. (Registered agent's signature	ority to manage is/are:	
lesignated in this applical ocomplywith the provision occupt the obligations of the obligations of the occupance. 8. The name, title or capa	(Registered agent's signature acity and address of the person(s) who has/have authorized	ority to manage is/are:	
lesignated in this application complywith the provision accept the obligations of the obligations of the complete of the obligation of the complete of the com	(Registered agent's signature acity and address of the person(s) who has/have authors. R - 1101 W Laurel Ave APT A, Foley, AL 36 of existence, no more than 90 days old, duly authors of which it is organized. (If the certificate is in a fore	ority to manage is/are: 5535 ticated by the official having	custody of records in the

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.

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

S.E. BUILDCORP LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 18, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000739349**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of June, 2017 at 5:09 PM. This certificate is assigned 023376528.



Secretary of State

2011 JUN 23 PM 2: 32 SECRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.