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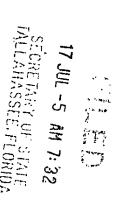
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COVER LETTER

TO:

Registration Section Division of Corporations

_	MNAD PROPERT		Limited Liability (Company		
					ansact Business in Florida," Certific y company to transact business in F	
Please return al	I correspondence o	concerning this matter to the	following:			
	Maryanne E.	Scales				
		N	ame of Person			
	LMNAD PRO	PERTIES, LLC				
		Fi	rm/Company			
	1664 CALMI	NG WATER DR				
			Address			
	FLEMING ISL	AND FL 32003		.		
		City/S	tate and Zip Code			
	maryanne.scale	s@gmail.com E-mail address: (to be used	i for future annual	report not	ification)	
For further info	rmation concerning	g this matter, please call:				
Mary	anne E. Scales		_ at (_904	_) 254-3	017	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divisi Regist P.O. B	LING ADDRESS: on of Corporations ration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	T ADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
	heck for the follow 25.00 Filing Fee	ing amount: \$\Bigsim \text{\$\text{\$\text{\$130.00 Filing Fee & }}}\$ Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	e

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:

(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Street Address of Principal Office) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Address) (City) (Registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Maryanne E. Scales, Manager 1664 CALMING WATER DR FLEMING ISLAND FL 32003	f name unavailable, enter al iability Company," "L.L.C,"	ternate name adopted for the purpose of transacting or "LLC.")	business in Florida. The alternat	e name mus	st includ	de "Lim
(Unisidetion under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Street Address of Principal Office) (Street Address of Principal Office) (Mailing Address) (City) (Registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	NEVADA	3				
(Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1664 CALMING WATER DR FLEMING ISLAND FL 32003 (Street Address of Principal Office) (Mailing Address) (City) (City)	(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applie	cable)		
(Street Address of Principal Office) 1664 CALMING WATER DR FLEMING ISLAND FL 32003 (Mailing Address) (City)	·	(Date first transacted business in Florida, if	prior to registration.)			
(Mailing Address) (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: (City)	1664 CALMING WATER			·		
(Mailing Address) (P.O. Box NOT acceptable) (City)		(Stanet Address of Principal Office				
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa , Florida 33607 (City) , Florida 33607 (City) (Zip code) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth to complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiant accept the obligations of my position as registered agent. (Registered agent's signature)	ACCA CALBAING VALATO	·)	54.0		
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(City) (City)	Name:			0.5	7:	130F-137
(City) (City)	Office Address:	3030 N. Rocky Point Dr. STE 150A				
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			s for the above stated limited	liability ce		
	laving been named as re lesignated in this applica o complywith the provisi	egistered agent and to accept service of procession, I hereby accept the appointment as registions of all statutes relative to the proper and comy position as registered agent.	tered agent and agree to act omplete performance of my o	in this cap	acity.	
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9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate undof the translator must be submitted) Mayanu Calo	laving been named as redesignated in this applicate of complywith the provision occept the obligations of the complywith the provision of the complywith the provision of the complywith the provision of the complex of	egistered agent and to accept service of processition, I hereby accept the appointment as registeres of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have manager 1664 CALMING WATER DR Is of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is incubmitted)	e authority to manage is/are: ELEMING ISLAND FL 32 uthenticated by the official has a foreign language, a translat	in this cap duties, and	decity.	f amilia
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	laving been named as redesignated in this applicate of complywith the provision occept the obligations of the complywith the provision of the complywith the provision of the complywith the provision of the complex of	egistered agent and to accept service of processition, I hereby accept the appointment as registeres of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have manager 1664 CALMING WATER DR Is of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is incubmitted)	e authority to manage is/are: ELEMING ISLAND FL 32 uthenticated by the official has a foreign language, a translat	in this cap duties, and	decity.	records

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maryanne E. Scales

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, **LMNAD PROPERTIES, 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 18, 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 27, 2017.

Ballians K. Cegerste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170627-0553
You may verify this electronic certificate
online at http://www.nvsos.gov/