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Registration Section

TO:

Div	ision of Corporation	is				
SUBJECT:	SimplyGreen Con	sultants LLC				
		Name of I	Limited Liability C	Company		
					nsact Business in Florida," Cer company to transact business	
Please return	all correspondence c	oncerning this matter to the	following:			
	MARSHA SIH	A				
		Nε	ime of Person			
	INCFILE.COM	1LLC				
	 	Fi	rm/Company			
17350 STATE HWY 249 SUITE 220						
			Address			
	HOUSTON T	X 77064				
		City/S	ate and Zip Code			
	marsha@incfile	e.com				
		E-mail address: (to be used	l for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
MA	ARSHA SIHA		888 at (462-34	153X 701	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	_	\$160.00 Filing Fee, Certifof Status & Certified Copy	ĭcate

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:

SimplyGreen Consult	ants LLC		
(Name of Fore	ign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "l	.LC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting but	siness in Florida. The alternate name	must include "Limited
2. Wyoming .	3		
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida, if pr	or to registration.)	
5. 463128 State Rd 200	(See sections 605.0904 & 605.0905, F.S. to deter	mine penalty liability)	
Yulee, FL 32097	(0		
6. PO Box 1008	(Street Address of Principal Office)		
Yulee, FL 32041			
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT ac	ceptable)	
Name:	Kevin Bailey		
Office Address:	11410 Chase Meadows Dr. S		
	Jacksonville	Florida 32256	
	(City)	(Zip code)	SS 1
designated in this applicate to complywith the provision	tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.	ed agent and agree to act in this	capacity. I Justher agree
	Moun Baile	<u> </u>	S •
	(Registered agent's signa	iu re)	
8. The name, title or capa	acity and address of the person(s) who has/have a	thority to manage is/are:	
Kevin Bailey - AMBR -	11410 Chase Meadows Dr. S, Jacksonville	FL 32256	
			
			<u></u>
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly authorized of which it is organized. (If the certificate is in a submitted) Signature of an authorized	centicated by the official having coreign language, a translation of	ustody of records in the the certificate under oath
This document is executed	d in accordance with section 605.0203 (1) (b), Flo	rida Statutes. I am aware that any	false information
submitted in a document to	to the Department of State constitutes a third degree Kevin Bailey	e felony as provided for in s.817.	155, F.S.

Typed or printed name of signee

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,

SimplyGreen Consultants LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 30, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000748083**.

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 4th day of July, 2017 at 3:28 PM. This certificate is assigned 023510817.



10.00

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.