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			Limited Liability	Сотрапу		
					ansact Business in Florida," C y company to transact busines	
Please return all	соптевропиенсе	concerning this matter to the	following:			
	JENNIFER MO	CMURRAY				
		N	ame of Person			
	MCR PROPER	TY HOLDINGS, LLC				
		F	irm/Company			
	1226 E DESER	T FLOWER LN				
			Address			
	PHOENIX, AZ	85048				
		City/S	tate and Zip Code	:		
	MCRPROPERT	YHOLDINGS@GMAIL.CO	DM .			
		E-mail address: (to be use	d for future annua	l report not	ification)	
For further infor	mation concerning	g this matter, please call:				
JENNI	FER MCMURRA	AY	602 at (295-43	72	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Divisio Registr P.O. Bo	ing ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle icc, FL 32301	
	eck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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:

	eign Limited Liability Company; must in	nclude "Limited Liability Company," "L.L.C.," or	"LLC.")		
If name unavailable, enter a liability Company," "L.L.C,		f transacting business in Florida. The alternate nar	me must incl	lude "L	imited
NEVADA		3. 82-2193534			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4 .					
	(Date first transacted business i (See sections 605.0904 & 605.090	n Florida, if prior to registration.) 05, F.S. to determine penalty liability)	_		
1226 E DESERT FL		, , , , , , , , , , , , , , , , , , , ,			
·			_		
PHOENIX, AZ 85048	(Street Address of Prin	1.105	_		
1236 E DESERT EL (·	icipai Office)			
1226 E DESERT FLO	JWER LIN		- A E	17	
PHOENIX, AZ 85048			CRE	≥ =	
	(Mailing Add	fress)	- AS	85	<u> </u>
. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)	SEE.	a	iii L
Name:	Registered Agents Inc.		F \$1		
Office Address:	3030 N. Rocky Point Dr. S	STE 150A	87	==	
Office Address.			≯™	6	
	Tampa (City)	, Florida 33607 (Zip code)	_		
		(Zip code)			
Registered agent's accep	adolana di norma nend to o norma comito	of process for the above stated limited liab			the place
laving been named as re			init.		
laving been named as re lesignated in this applica	tion, I hereby accept the appointme	ent as registered agent and agree to act in th			
Having been named as re lesignated in this applica o complywith the provisi	tion, I hereby accept the appointme				
laving been named as re lesignated in this applica o complywith the provisi	tion, I hereby accept the appointme ons of all statutes relative to the pro	ent as registered agent and agree to act in th			
Having been named as re lesignated in this applica o complywith the provisi	tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent.	ent as registered agent and agree to act in th			
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of i	tion, I hereby accept the appointme ons of all statutes relative to the pro- my position as registered agent. (Registered	ent as registered agent and agree to act in the oper and complete performance of my duties dagent's signature)			
designated in this applicate of complywith the provision coupt the obligations of the obligations of the coupt the name, title or capa	tion, I hereby accept the appointments of all statutes relative to the promy position as registered agent. (Registered accity and address of the person(s) where the content of the person of the per	ent as registered agent and agree to act in the oper and complete performance of my duties diagent's signature) no has/have authority to manage is/are:			
Having been named as reflesignated in this applicate or complywith the provision accept the obligations of the second sec	tion, I hereby accept the appointment ons of all statutes relative to the promy position as registered agent. (Registered active and address of the person(s) when the person is a person in the pers	ent as registered agent and agree to act in the oper and complete performance of my duties diagent's signature) no has/have authority to manage is/are: FLOWER LN, PHOENIX, AZ 85048			
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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.

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, MCR PROPERTY HOLDINGS, 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 June 15, 2017, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 21, 2017.

Ballians K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170721-0955
You may verify this electronic certificate
online at http://www.nvsos.gov/