M10000680	05
-----------	----

(Requestor's Name)	
(Address)	600302182536
(Address) (City/State/Zip/Phone #)	
	17 AUG -9 AM 8: 52 BIVISION OF CONTURNATIONS
(Business Entity Name)	CONTINUE VE 1014
(Document Number) Certified Copies Certificates of Status	200 200 200
Special Instructions to Filing Officer:	
	2017 AUS
Office Use Only	-5 AN IO: 46

O SIMMONS AUG 1 0 2017

17 AUG -9 AH 8: 52

FILED

•

.•

,

•

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 12000000088

Date: 8/9/201	17	, 1000d/tk)// 12000000
Name: KENDALL	HOWELL	
Reference #:L	_099874	_
Entity Name:		_LC
Articles of Incorpora	ation/Authorization	to Transact Business
Amendment		
Change of Agent		
Reinstatement		
		ISSUES - CALL KEN @ 518-213-0738
Merger		
Dissolution/Withdra	wal	
Fictitous Name		
Other		

,

Formery Frown as

NATIONAL CORPORATE CORPORATE I M RESEARCH, LTD: The Right Response at the Right Time. Every Time

Authorized Amount:	\$125.00	
Signature:		

EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 STOLAND & WALFS
 STOLAND
 STOLA

 IMASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED A HORG FORGE WIFED COMPANY INFINITUS PLAZA, 1217 FE
 199 DES VOEUX RD CENTRAL HONG (ONG
 +852.3975.1803

COVER LETTER

TO: Registration Section Division of Corporations

EAHB, LLC SUBJECT: 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: Danielle Shehadeh Name of Person BarthCalderon, LLP Firm/Company 333 City Blvd. West, Suite 2050 Address Orange, CA 92868 City/State and Zip Code pattibzn@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Danielle St	nehadeh	ut (714)	704-4828
Name of Co	ontact Person	Area Code	Dayt	time Telephone Number
MAILING ADDRESS;			<u>STREET</u>	ADDRESS:
Division of Corporations			Division o	of Corporations
Registration Section			Registrati	on Section
P.O. Box 6327			Clifton B	uilding
Tallahassee, FL 32314			2661 Exc	cutive Center Circle
			Tallahass	ee, FL 32301
Enclosed is a check for the following	amount:			
🗍 \$125.00 Filing Fee 🛛 🗍	\$130.00 Filing Fee & Tertificate of Status	 □ S155.00 Filli Certified Copy 	ng Fee &	S160.00 Filing Fee, Certificate 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L EAHB, LLC

۰.

til name unavailable, enter alternate	name adopted for the purpose of transpering business in	Florida, 'The alternate name must include "Limited Liability Company," "LL_C," or "LLC.")	
2 Nevada			
	which foreign limited liability company is utganized)	3	
r	Upon Filing		
•••••••••••••••••••••••••••••••••••••••	(Fate first transacted husiness in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration)	
5 EAHB, LLC		6. EAHB, LLC	
(Sirect Address of		(Muiling Address)	
2564 Red Arrow Drive	c	50 Farm View Lane	
Las Vegas, NV 89135		Bozeman, MT 59715	
Name: Office Address: Registered agent's accep Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service of tion, 1 hereby accept the appointment	Florida <u>333,24</u> Florida <u>333,24</u> (Zip code) (Zip code) (Zip code) (Dip c	
8. The name, title or capa	icity and address of the person(s) who h	as/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity: Name and Address:	
Manager	Glenn Öakes		
	2564 Red Arrow Drive Las Vegas, NV 89135		
Manager	Patricia Oakes 2564 Red Arrow Drive		- <u>-</u>
	Las Vegas. NV 89135	-	_
(Use attachments if necess			

ssary)

- -

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

_ Court	
	Signature of an authorized person
Kim Spennato	
	Typed or printed name of signed

- - -





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, EAHB, 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 August 7, 2017, and is in good standing in this state.



Electronic Certificate Certificate Number: C20170808-1845 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 8, 2017.

Barlina K. Cegarste

Barbara K. Cegavske Secretary of State