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DIVISION OF CORPORATION

M. MILLIGAN AUG 31 2017

#### COVER LETTER

	egistration Section vision of Corporations						
SUBJEC	Monteiro Endeavors, LLC						
Name of Limited Liability Company							
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica and check are submitted to register the above referenced foreign limited liability company to transact business in Fl						
Please ret	rn all correspondence concerning this matter to the following:						
	Daniel Monteiro						
	Name of Person						
	Monteiro Endeavors, LLC						
Firm/Company							
37 North Orange Ave. , Suite 500							
Address							
	Orlando, FL 32801						
City/State and Zip Code							
	daniel@monteiroendeavors.com						
E-mail address: (to be used for future annual report notification)							
For furthe	information concerning this matter, please call:						
	aniel Monteiro 407 992-8327						
-	Name of Contact Person Area Code Daytime Telephone Number						
 	AILING ADDRESS:  ivision of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	s a check for the following amount: \$125.00 Filing Fee \$\Bigsup \\$130.00 Filing Fee & B\$160.00 Filing Fee, Certificate of Status \$\Bigcolumn{certificate of Status}{Certified Copy}\$  Certificate of Status \$\Bigcolumn{certified Copy}{Certified Copy}\$  Certified Copy						

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Monteiro Endeavors, LL			
	(Name of Foreign La	imited Liability Company; must include "Limited	i Liability Company," "L.L.C.," or "LLC.")	
(lť n	iame unavailable, enter alternate nan	ne adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC,")
2.	Wyoming, USA		3. F46091	49808
	(Jurisdiction under the law of which	ch foreign limited hability company is organized)	(FEI numb	er, if applicable) من المنطقة ا
.1		8/29/2017		<b>☆</b> %
т.		(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determine	registration ) ne penalty liability)	
5	37 North Orange Ave		6. 37 North Orange Ave	ري الله الله الله الله الله الله الله الل
٠.	(Street Address of Pri	ncipal Office)	(Mailing Addr	ess)
	Suite 500		Suite 500	
	Orlando, FL 32801		Orlando, FL 32801	ess)
7.	Name:	of Florida registered agent: (P.O. Box  DAVIEL MONTEILU  37 N- OLANGE AVE		·
	Office Address:		- JUITE JOO	
		OLLANDO (Ctt)	, Florida <u>3288</u>	<u> </u>
Re	gistered agent's accepta		(Zip code	;)
	· · · · · ·	city and address of the person(s) who ha		Name and Address:
	Founder / Chairman	Daniel Monteiro		
		37 North Orange Ave., Suite 5 Orlando, FL 32801		
	<del></del>		-	
(1	Jse attachments if necessa	arv)	-	<del></del>
-		•		
jur		of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)		
		ted in accordance with section 605.0203 the Department of State constitutes a thi		
	-	Just 1		
		— Signalue	of the authorized person	
		Daniel Monteiro		
	-	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,

## Monteiro Endeavors, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **September 17, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000629500**.

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 29th day of August, 2017 at 11:31 AM. This certificate is assigned 023980327.

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.