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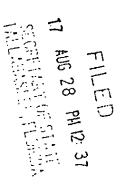
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JOHNSON LAW FIRM PLLC

Attorneys and Counselors at Law

GEORGE R.A. JOHNSON CHAD A. CARR*

Also licensed to practice in:

* North Dakota

August 22, 2017

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Client No.: 364 File No.: 364-031

Re:

Ivee Group

Letter No: 617A00016699

Dear Department of State:

Please find the enclosed Application for your review. Please also find for your review your letter dated August 15, 2017, requesting an additional \$25.00 for a filing fee and a check in the amount of \$25.00 for said filing fee.

Please let me know if you have any questions or concerns. Thank you.

Very truly yours,

Johnson Law Firm PLL

Jason O. Hatemanii

Enclosure(s)



August 15, 2017

JASON HAFEMAN 18312 MINNETONKA BLVD STE 200 WAYZATA, MN 55391-3232

SUBJECT: IVEE GROUP LLC Ref. Number: W17000066971

We have received your document for IVEE GROUP LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 617A00016699

COVER LETTER

;

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		CC	OVER LETTER		
TO: Registr Division	ration Section n of Corporatio	ns			
	e Group LLC				
		Name of	Limited Liability	Company	
The enclosed "A Existence, and el	pplication by Fo heck are submitte	reign Limited Liability Contd ed to register the above refer	pany for Authoriz tenced foreign lim	ration to Transact Business in Florida," C ited liability company to transact busines	ertificate of ss in Florida.
		concerning this matter to the			
	Jason Hafeman				
		^	ame of Person		
	Johnson Law F	irm PLLC			
		l;	irm/Company		
	18312 Minneto	nka BVLD, STE 200			
			Address		
	Wayzata, MN 5	55391-3232			
	··	City/S	State and Zip Code		
(CCarr@estplann	er.net			
-		E-mail address; (to be use	d for future annua	report notification)	
For further inforn	nation concerning	g this matter, please call:			
Jason H	afemann		952	476-6382	
	Name o	f Contact Person	Area Code	Daytime Telephone Number	
Division Registrat P.O. Box Tallahas:	see, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FILED 17 AUG 28 PI
Enclosed is a chec	ck for the followi 00 Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee & □ \$160.00 Filing Fee, Certi of Status & Certified Copy	PRI 12: 37

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 HUNINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name advanced for the opposite			
Delaware	name adopted for the purpose of transacting busine			ability Company," "L.L.C." or "LLC.")
	which foreign limited liability company is organized	3.	82-2072493	
	, , , , , , , , , , , , , , , , , , , ,	•	Circi dun	nber, il applicable)
	(Date first transacted business in bloods of			
1170 B	(Date first transacted business in Florida, if (See sections 605,0904 & 605 (0905, T.S. to	determine penalty li	ibility)	
1170 Peachtree St NE		6.	170 Peachtree St NE, ST	
(Street Address of Principal Office) Atlanta, GA 30309		,	(Mailing Ad Atlanta, GA 30309	dress)
		<u>-</u>		
		_		
Name and street addre	ess of Florida registered agent: (P.O	Boy NOT ac	centable)	
Name:	C T Corporation System	<u>1.15/1</u> 40	espauls;	
(Same)				
Office Address:	1200 South Pine Island Road			
	Plantation			
egistered agent's accep	(Cay)		Florida 33324	to .
	tons of all statutes relative to the pi is of my position as registered agen		plete performance of my	l liability company at the plo in this capacity. I further o duties, and I am familiar w
	is of my position as registered agen	t.	plete performance of my	duties, and I am familiar w
d accept the obligation	is of my position as registered agen	gent's signature)	ptete performance of my	duties, and I am familiar w
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d accept the obligation The name, title or caps <u>Title or Capacity:</u> Manager	acity and address of the person(s) w. Name and Address: Charles R.E. Johnson 1170 Peachtree St NE STE 1150, Atlanta, GA 3	ho has/have au	thority to manage is/are:	duties, and I am familiar w
The name, title or caps Title or Capacity: Manager	(Regulated agen (Regulated agen acity and address of the person(s) w. Name and Address: Charles R.E. Johnson 1170 Peachtree St NE STE 1150, Atlanta, GA 3	ho has/have au Titl	thority to manage is/are:	Name and Address:
The name, title or caps Title or Capacity: Manager se attachments if necess Attached is a certificate	acity and address of the person(s) w. Name and Address: Charles R.E. Johnson 1170 Peachtree St NE STE 1150, Atlanta, GA 3	ho has/have au Title	thority to manage is/are:	Name and Address:
The name, title or caps Title or Capacity: Manager Attached is a certificate is diction under the law of	acity and address of the person(s) w. Name and Address: Charles R.E. Johnson 1170 Peachtree St NE STE 1150, Atlanta, GA 3: sary) of existence, no more than 90 days of which it is organized. (If the certi-	ho has/have au Title	thority to manage is/are:	Name and Address:
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The name, title or caparities or Capacity: Manager Attached is a certificate is diction under the law of the translator must be so. This document is executable the document to the capacity of the translator must be so.	As of my position as registered agent acity and address of the person(s) w. Name and Address: Charles R.E. Johnson 170 Peachtree St NE STE 1150, Atlanta, GA 30 sary) of existence, no more than 90 days of which it is organized. (If the certial indicated) attending accordance with section 605, the Department of State constitutes	old, duly authoricate is in a formatter of the field degree of the	thority to manage is/are: e or Capacity: nticated by the official hateign language, a translational statutes. I am aware fellony as provided for in second	Name and Address: Name and Address: Ving custody of records in the on of the certificate under on the certificate under one of the

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:

lvee Group LLC (Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Company," "L.L.C.," or "LLC.")
l'name neganilable autornhamere				
Delaware	ame adopted for the purpose of transacting business in Flo			ability Company," "L.L.C," or "LLC.")
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	\$2-2072493	sber, if applicable)
l				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration. nine penalty I	ability)	
1170 Peachtree St NE.		6.	1170 Peachtree St NE, ST	E 200
(Street Address of Principal Office) Atlanta, GA 30309			(Mailing Add Atlanta, GA 30309	less)
		-		
. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	ccentable	-
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		. Florida 33324	
Registered agent's accept	(City)		(Zip coc	te)
3. The name, title or capa Title or Capacity:	city and address of the person(s) who ha	signature) as/have ar	ice President & Assist	
Manager	Charles R.E. Johnson		cor Capacity.	Name and Address:
-	1170 Peachtree St NE		· · · · · · · · · · · · · · · · · · ·	
	STE 1150, Atlanta, GA 30309	_		<u> </u>
				28
Use attachments if necess	ary)	_		-
Attached is a certificate or irisdiction under the law of the translator must be su	of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)	duly auth e is in a f	enticated by the official ha oreign language, a translati	ving custody of records in the ion of the certificate under oath
). This document is execubmitted in a document to	ted in accordance with section 605.0203 the Department of State constitutes a thi	3 (1) (b), l rd degree	Florida Statutes. I am awar felony as provided for in s	e that any false information s.817.155, F.S.
-	Signature o	of an authoriz	ed person	_
(Charles R.E. Johnson			
-	Typed or p	printed name	of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IVEE GROUP LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TENTH DAY OF JULY, A.D. 2017.





6459986 8300 SR# 20175130393

Authentication: 202848999

Date: 07-10-17