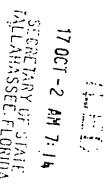
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Office Use Only



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OCT 03 2017 J SHIVERS

## COVER LETTER

SUBJECT:	Sapphire XLT, LL	C			
NO EXILET.		Name o	f Limited Liability	Company	
					ransact Business in Florida." Certificate ty company to transact business in Flori
lease return	all correspondence	concerning this matter to th	ne following:		
	Christopher S.	Bair			
			Name of Person		
			Firm/Company	<del>-</del>	<del></del>
	3693 Lightvie	w Lane			
			Address		
	Jacksonville, I	FI. 32225			
		Cîty/	State and Zip Code		
	bravesbair80@g	mail.com			
		E-mail address: (to be us	ed for future annual	report no	tification)
for further in:	formation concerning	ig this matter, please call:			
Chri	istopher S. Bair		904 at (	482-85	586
	Name (	of Contact Person	Area Code	Day	vtime Telephone Number
Divi: Regi P.C.	HLING ADDRESS: sion of Corporation stration Section Box 6327 thassee, FL 32314			Division Registrat Clifford 2661 Exc	F ADDRESS: of Corporations tion Section bul Cang ecutive Center Circle see, FL 32301
	check for the follow 25,00 Filing Fee	ring amount:  ☐ \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filin Gertified Copy	ig Fee &	■ \$160,00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605-0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN FLMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

State of Nevada	name adopted for the purpose of transacting business in Flo	rida The all	ternate name must include "Limited Liab	oility Company," "L.L.C," or "LLC ")
		3	82-2844805	
	which foreign limited hability company is organized)	٠,		er, if applicable)
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi			
3693 Lightview Lane			3693 Lightview Lane	
(Street Address of Principal Office)		(Mailing Address)		
Jacksonville, FL 3222	<u></u>		Jacksonville, FL 32225	
Niama and attack address	and of Florida registered court (N.O. Dou	. <b>N</b> ZYT	alala	
Name:	ess of Florida registered agent: (P.O. Box Christopher S. Bair	S <u>NO E</u> a		
Office Address:	3693 Lightview Lane			
	Jacksonville , Florida 32225			
	(City)		(Zip code	
ivi <mark>ng been named as r</mark> signated in this applica comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper	s registe	red agent and agree to act.	in this capacity. I further
ivi <mark>ng been named as r</mark> signated in this applica comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	s registe and cor	red agent and agree to act.	in this capacity. I further
signated in this application comply with the provision.	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper	s registe and cor	red agent and agree to act.	in this capacity. I further
iving been named as r signated in this applica- comply with the provis d accept the obligation The name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's pacity and address of the person(s) who have	s registe and con signature)	red agent and agree to act nplete performance of my o	in this capacity. I further duties, and LUAHASSEL AHASSEL
iving been named as r signated in this applica comply with the provis d accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's	s registe and con signature)	red agent and agree to act nplete performance of my o	in this capacity. I further
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rying been named as risignated in this applicated in this applicationally with the provised accept the obligation.  The name, title or caparity:  Manager  Attached is a certificate of the caparity:	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's pacity and address of the person(s) who has a Name and Address:  Christopher S. Bair  3693 Lightview Lane Jacksonville, FL 32225  ssary)  e of existence, no more than 90 days old, or of which it is organized. (If the certificate	s registe and con signature) as/have a Tit	red agent and agree to act applete performance of my of my of a second agents are:  the or Capacity:  The agent and agree to act and agree to act and agree to act agents are agreed as a second agree to act agree t	in this capacity. I further duties, and lam familiar of the lam fa

Typed or printed name of signee

Christopher S. Bair

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, **SAPPHIRE XLT**, **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 September 20, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 20, 2017.

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170920-0822
You may verify this electronic certificate
online at http://www.nvsos.gov/