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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:		ation Section 1 of Corporation	s					
SHRIF		QRP Holdings, L						
50001			Name of L	imited	Liability C	ompany		
The end Existen	closed "Ap	pplication by Fore neck are submitted	eign Limited Liability Compa i to register the above referen	any for nced fo	- Authorizat oreign limite	tion to Tran ed liability	sact Business in Florida," (company to transact busine	Certificate of ss in Florida.
Please	return all	correspondence c	oncerning this matter to the f	ollowi	ng:			
		Dennis M. Hand	d					
			Na	me of	Person			
					·			
			Fir	m/Cor	npany			
		11820 Uradco F	Place, Ste 105			<u> </u>		
				Addr	ess			
		San Antonio, FI	L 33576					
			City/St	ate and	d Zip Code			
		dennis-hpm@har						
	•		E-mail address: (to be used	for fu	ture annual	report noti	fication)	
For fur	ther infort	nation concerning	g this matter, please call:					
	Dennis	Hand			813	503-245		
		Nama o	f Contact Person	_ at (_	Area Code	_)	ime Telephone Number	
			1 Contact 1 crsqn		Area Code			
		NG ADDRESS: 1 of Corporations					ADDRESS: of Corporations	
		tion Section				Registratio	•	
	P.O. Bo Tallahas	x 6327 ssee, FL 32314					uilding cutive Center Circle se, FL 32301	
Enclose	ed is a che	eck for the follow	ing amount:					
		.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		155.00 Filin ified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2017

DENNIS M HAND 11820 URADCO PLACE STE 105 SAN ANTONIO, FL 33576

SUBJECT: JB QRP HOLDINGS, LLC

Ref. Number: W17000076715

We have received your document for JB QRP HOLDINGS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 517A00019481

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:

(Name of Poleign	Limited Liability Company; must include "Lim	ice blacking company, Elb.C. or 660.)	
name unavailable, enter alternate n	aine adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Liab	oility Company," "L.L.C," or "LLC,")
Wyoming, USA		36-4877351	
(Jurisdiction under the law of wh	nich foreign limited hability company is organized)	(FEI numb	er, if applicable)
As soon as you approv	e this registration		
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration.) mine penalty hability)	
11820 Uradeo Place	•	6. Same	
(Street Address of F Suite 105	rineipal Office)	(Mailing Addr	ess)
San Antonio, FL 33576)		
Name and street address	s of Florida registered agent: (P.O. Bo	ov NOT acceptable)	
Name and street address	S of Florida registered agent. (7.0. b) Dennis M. Hand	ox <u>NOT</u> acceptable)	
Name:	Definis W. Hand		
Office Address:	11820 Uradco Place Ste 105		
	San Antonio, Fl.	, Florida <u>33576</u>	a. 4
	(City)	, Florida (Zip cod	<u> </u>
	ions of all statutes relative to the prop s of my position as registered agent.	as registered agent and agree to act er and complete performance of my	duties, and I am familiar w
	ions of all statutes relative to the prop s of my position as registered agent.	er and complete performance of my	duties, and I am familiar wi
nd accept the obligations	ions of all statutes relative to the prop is of my position as registered agent. (Registered agen	er and complete performance of my o	duties, and I am familiar wi
nd accept the obligations The name, title or capa	ions of all statutes relative to the prop is of my position as registered agent. (Registered agent acity and address of the person(s) who	er and complete performance of my of the signature) has/have authority to manage is/are:	duties, and Tam familiar wi
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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,

JB QRP Holdings LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 1**, **2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000763387**.

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 1st day of August, 2017 at 5:35 PM. This certificate is assigned 023751524.

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.