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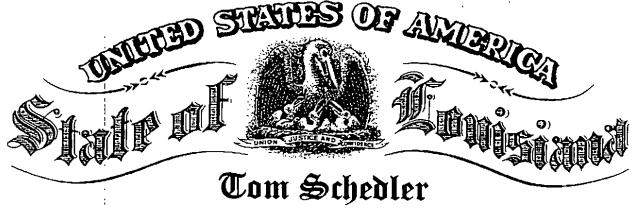
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fchelon Home Improvement LLC 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:
Jeremy Benton Name of Person
Echelon Home Improvement LLC
1628 Oviedo Grove Circle #05 Address
Oviedo, FL 32765 City/State and Zip Code
b. je re my benton @ mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeremy Benton at 225 276-6746 Value of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c

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

レ ~ / ~ ~ / ~ /	AN Home Implacment LL	
(Name of Foreign Lim	nited Liability Company; must include "Limited Liability Company," "L.L.C" or "L.L.C.")	
Echelou	1 Consulting LLC	
name unavailable, enter alternate name	adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liabil	ity Company," "L.L.C," or "LLC")
Oursdiction under the law of which	foreign finned fiability company is organized) (FEI number	. if applicable)
·	(Date first transacted business in Florida, if prior to registration.) (See vections 605 (PRO) & 605 (1905, F.S. to determine penalty liability.)	Benton
Jeremy.	Bentun 6. 1000	3 CONTRACTOR
1 Street Address of Brinc	Mes Through 1680 View 5 Gro	
Derham S	prings, LA70126 Offedo, FL	32/65
. Name and street address o	f Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Seremy Benton	
Office Address:	628 Driedo Gine Circle#5	?
	$\frac{\text{O V V COO}}{\text{(Circ)}}$, Florida $\frac{5 \text{ A V}}{\text{(Zip code)}}$	
esignated in this application	tered agent and to accept service of process for the above stated limited land. I hereby accept the appointment as registered agent and agree to act in	this capacity. I further agree
esignated in this application comply with the provision.		this capacity. I further agree
esignated in this application comply with the provision.	n, I hereby accept the appointment as registered agent and agree to act it s of all statutes relative to the proper and complete performance of my di	this capacity. I further agree
esignated in this application of comply with the provision and accept the obligations of — 3. The name, title or capacit	n, I hereby accept the appointment as registered agent and agree to act in a sof all statutes relative to the proper and complete performance of my differ my position as registered agent. (Registered agent's signature) y and address of the person(s) who has/have authority to manage is/are:	this capacity. I further agree
esignated in this application of comply with the provision and accept the obligations of the control of the con	n, I hereby accept the appointment as registered agent and agree to act in a sof all statutes relative to the proper and complete performance of my difference	this capacity. I further agree
esignated in this application of comply with the provision and accept the obligations of — 3. The name, title or capacit	y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity:	t this capacity. I further agree uties, and I am familiar with
esignated in this application of comply with the provision and accept the obligations of the name, title or capacity:	n, I hereby accept the appointment as registered agent and agree to act in a sof all statutes relative to the proper and complete performance of my difference	this capacity. I further agree uties, and I am familiar with
esignated in this application of comply with the provision and accept the obligations of the control of the con	y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity:	this capacity. I further agree uties, and I am familiar with
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esignated in this application of comply with the provision and accept the obligations of the control of the con	y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: 1628 Address Civil C	this capacity. I further agree uties, and I am familiar with
esignated in this application of comply with the provision and accept the obligations of the obligations of the name, title or capacity: Title or Capacity: Use attachments if necessary. Attached is a certificate of trisdiction under the law of the complete of the name of the complete of the complete of the capacity.	n, I hereby accept the appointment as registered agent and agree to act in a of all statutes relative to the proper and complete performance of my distinguished agent. (Registered agent's signature) y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: 1628 (N. 1866 Ciril Cirile Wills) Ovie 100 FL 32765 existence, no more than 90 days old, duly authenticated by the official have which it is organized. (If the certificate is in a foreign language, a translation	Name and Address:
Use attachments if necessary. Attached is a certificate of the translator must be subnown. O. This document is execute.	n, I hereby accept the appointment as registered agent and agree to act in a of all statutes relative to the proper and complete performance of my distinguished agent. (Registered agent's signature) y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Plend Curie Citle To view of FL 32765 existence, no more than 90 days old, duly authenticated by the official have which it is organized. (If the certificate is in a foreign language, a translation nitted) d in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware	Name and Address: ing custody of records in the on of the certificate under oath that any false information
use attachments if necessary. Attached is a certificate of the translator must be subnown. Attached is a certificate of the translator must be subnown. This document is execute.	n, I hereby accept the appointment as registered agent and agree to act in a of all statutes relative to the proper and complete performance of my distinguished agent. (Registered agent's sugnature) y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Premain Registered agent's sugnature) (Registered agent's sugnature) y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Premain Registered agent. (Premain Re	Name and Address: (a) Name and Address: (b) In this capacity. I further agree at the same and Address: (c) In this capacity. I further agree at the same and Address: (d) In this capacity. I further agree at the same and I am false information.



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

ECHELON HOME IMPROVEMENT LLC

Domiciled at DENHAM SPRINGS, LOUISIANA,

Was filed and recorded in this Office on September 18, 2017,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

September 19, 2017

Certificate ID: 10870517#GTL73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

the instructions displaye www.sos.la.gov

NG 42803796K

Tom Schedler

SECRETARY OF STATE

September 19, 2017

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

The attached document of ECHELON HOME IMPROVEMENT LLC was received and filed on September 18, 2017.

NG 42803796K

Tom Schedler Secretary of State



ARTICLES OF ORGANIZATION

(R.S. 12:1301)

Domestic Limited Liability Company
Enclose \$100.00 filing fee
Make remittance payable to
Secretary of State
Do not send cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.la.gov

STATE OF Louisiana
PARISHICOUNTY OF East Boton Rouge
1. The name of this limited liability company is: Echelon Home Improvement
2. This company is formed for the purpose of: (check one)
Engaging in any lawful activity for which limited liability companies may be formed.
() (use for limiting activity)
The duration of this limited liability company is : (may be perpetual)
4. Other provisions:
Signatures:
· · · · · · · · · · · · · · · · · · ·
18th Colember 1
On this 1877 day of SUHEMBLY20 17 before me, personally appeared
Punton, Jevery Deway No me known to be the person described in and who
executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed. NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #
IN-PERSON FILING

Notary Signature

Tom Schedler Secretary of State



LIMITED LIABILITY COMPANY INITIAL REPORT (R.S. 12:1305 (E))

1. The name of this limited liability company is: Echelon Home Improvement Li			
2. The location and municipal address, not a post office box only, of this limited liability company's registered office: Stones throw ct 1960enham Spings, LA 7072 6			
3. The full name and municipal address, not a post office box only, of each of this limited liability company's registered agent(s) is/are:			
Jeremy Renton			
14196, Denham Springs, LA 70726			
4. The names and municipal addresses, not a post office box only, of the first managers, or the members: Serence Benkon			
19196/Denham Springs, LA 72726			
Stones throw Ct.			
To be signed by each person who signed the articles of organization:			
ACENTIC AFFIDAVIT AND ACKNOWI TROPPER			
AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE			
I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.			
Registered agent(s) signature(s):			
X Jun En			
Sworn to and subscribed before me, the undersigned Notary Public, on this date:			
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #			
Notary Signature			