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COVER LETTER

TO:

Registration Section

Div	rision of Corporation	ns					
EUD IEZT.	Durden Group, LLC						
SUBJECT:		Name of	Limited Liability (Company			
The enclosed Existence, a	d "Application by Fo	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tri ted liabilit	ansact Business in Florida," y company to transact busir	Certificate of ness in Florida.	
Please return	all correspondence	concerning this matter to the	following:				
	Matthew P Boo	:k					
		N	ame of Person				
	Woods, Fuller,	Shultz & Smith P.C.					
		Fi	irm/Company		<u></u>		
	300 S. Phillips	Ave. Suite 300					
Address							
	Sioux Falls, SD	57104					
		City/S	tate and Zip Code				
	matt.bock@woo	dsfuller.com					
		E-mail address: (to be used	for future annual	report not	tification)		
For further is	nformation concernin	g this matter, please call:					
Ma	tthew Bock		605	336-38	90		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number		
Div Reg P.O	vision of Corporations gistration Section 9. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding coutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	\$160.00 Filing Fee, Co		

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:

·	_	iability Company, must include "Lim			
	nate name adopted	d for the purpose of transacting business in	Florida. The elte	mate name must include "Limited Liab	oility Company," "L.L.C," or "LLC.")
South Dakota			3.		
(Jurisdiction under the lav	of which foreign	limited liability company is organized)		(FEI numb	er, if applicable)
					12 B
<u></u>	(Date	first transacted business in Florida, if prior sections 605,0904 & 605,0905, F.S. to dete	to registration.)	LW. A	
6266 B		sections and, name or and, name, it.s. to occur			
5300 Powerline Ro	OBC	1.2	6	PO Box 88003 (Mailing Addr	
(Street Address of Principal Office) Fort Lauderdale, FL 33309			9	Sioux Falls, SD 57109	<u></u>
			=		
			-		
Name and street ad		rida registered agent; (P.O. Bo rp Incorporated	ox <u>NOT</u> ac	cceptable)	,
	166.06	Tice Plaza Drive, 1st Floor			
Office Addre					
	Tallah			, Florida 32301 (Zip code	
egistered agent's a		(City)		(Zip code	e)
nd accept the obliga		position as registered agent.	er and con		
nd accept the obliga		position as registered agent.		Milton Vong, Assistant So	duties, and I am familiar with ecretary
nd accept the obliga					•
. The name, title or	capacity and	(Registered agent) address of the person(s) who	's signalure) has/have as	Milton Vong, Assistant Southority to manage is/are:	ecretary
The name, title or Title or Capacity	capacity and	address of the person(s) who	's signalure) has/have as	Milton Vong, Assistant So	
The name, title or	capacity and	address of the person(s) who Name and Address: David Martin	's signalure) has/have as	Milton Vong, Assistant Southority to manage is/are:	ecretary
. The name, title or Title or Capacity	capacity and	address of the person(s) who	's signalure) has/have as	Milton Vong, Assistant Southority to manage is/are:	ecretary
The name, title or Title or Capacity	capacity and	address of the person(s) who Name and Address: David Martin PO Box 88003	's signalure) has/have as	Milton Vong, Assistant Southority to manage is/are:	ecretary
. The name, title or Title or Capacity	capacity and	address of the person(s) who Name and Address: David Martin PO Box 88003	's signalure) has/have as	Milton Vong, Assistant Southority to manage is/are:	ecretary
The name, title or Title or Capacify Manager	capacity and	address of the person(s) who Name and Address: David Martin PO Box 88003	's signalure) has/have as	Milton Vong, Assistant Southority to manage is/are:	ecretary
The name, title or Title or Capacify Manager	capacity and	address of the person(s) who Name and Address: David Martin PO Box 88003	's signalure) has/have as	Milton Vong, Assistant Southority to manage is/are:	ecretary
The name, title or Title or Capacify Manager Jse attachments if no Attached is a certificition under the	capacity and	address of the person(s) who Name and Address: David Martin PO Box 88003 Sioux Falls, SD 57109 ence, no more than 90 days old it is organized. (If the certific	's signature) has/have at Titl	Milton Vong, Assistant Southority to manage is/are: le or Capacity:	Name and Address:
The name, title or Title or Capacity Manager Jse attachments if no Attached is a certification under the the translator must	capacity and	address of the person(s) who Name and Address: David Martin PO Box 88003 Sioux Falls, SD 57109 ence, no more than 90 days old it is organized. (If the certifice)	has/have at Titl	Milton Vong, Assistant Southority to manage is/are: le or Capacity: enticated by the official have been language, a translation	Name and Address: ving custody of records in the on of the certificate under oat
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State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

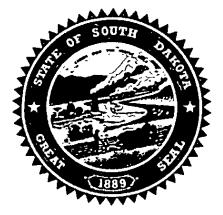
I, Shantel Krebs, Secretary of State of the State of South Dakota, hereby certify that

Durden Group, LLC

Business ID: DL138994

was authorized to transact business in this state on: October 26, 2017.

I, further certify that **Durden Group**, **LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, December 2, 2017.

12/02/2017 3:17 PM

Verification #: 010124519

Shartel Krebs

Shantel Krebs

Secretary of State