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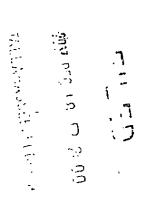
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Div	vision of Corporation Yawkey & Ontario,				
SUBJECT:			Limited Liability (Company	_
				ation to Transact Business in Floric ted liability company to transact bu	
Please returi	n all correspondence o	concerning this matter to the	following:		
	Corbet Miskin				
		N	ame of Person		
	Universal Tax				
	· · · · · · · · · · · · · · · · · · ·	Fi	rm/Company	- 	_
	5191 W Charle	eston Ave, Ste 120			
			Address		
	Las Vegas, NV	89146			
		City/S	tate and Zip Code		
	emiskin@idaho-	cpa.com			
		E-mail address: (to be used	d for future annual	l report notification)	
For further i	information concernin	g this matter, please call:			
Ste	eve Crandall		208	589-4783	1~3
_	Name o	of Contact Person	at (Area Code	Daytime Telephone Numbe	
Div Reg P.C Tal	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassec, FL 32314	5		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	11
	a check for the follow \$125.00 Filing Fee	ring amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	_	, Certificate

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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

lf name unavailable, enter alternate n	iame adopted for the purpose of transacting business in	Florida The alterna	ite name must include "Limited Lial	bility Company," "L.L.C," or "LLC.")
Nevada			2-2924102	, , .
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. <u></u>		per, if applicable)
November 20, 2017				
11014111061 20, 2017	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	r to registration.)	Para la	
1650 C. Clausland Av				·a 120
5. 4650 S. Cleveland Ave		6. <u>31</u>	91 W Charleston Ave, S (Mailing Addi	
Fort Myers, FL 33907		<u>1.a</u>	s Vegas, NV 89146	
7. Name and street addres Name:	ss of Florida registered agent: (P.O. B David Chairez	ox <u>NOT</u> acce	eptable)	
Office Address:	4650 S Cleveland Ave		_	
	Fort Myers		, Florida <u>33907</u> (Zip cod	
designated in this applica	egistered agent and to accept service of the control of the contro	t as registered	the above stated limited Lagent and agree to act	l liability company at the place in this capacity. I further agr
Having been named as redesignated in this applicate to comply with the provisiond accept the obligation	otance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propers of my-position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Corbet Miskin 5191 W Charleston Ave,	t as registered per and comp. ni's signature) has/have auth <u>Title</u>	the above stated limited I agent and agree to act lete performance of my	liability company at the place in this capacity. I further agr duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision accept the obligation 8. The name, title or capa Title or Capacity:	otance: egistered agent and to accept service of ation. I hereby accept the appointment ions of all statutes relative to the property of my-position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Corbet Miskin	t as registered per and comp. ni's signature) has/have auth <u>Title</u>	the above stated limited I agent and agree to act lete performance of my d nority to manage is/are:	liability company at the place in this capacity. I further agr duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision accept the obligation 8. The name, title or capa Title or Capacity:	otance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propers of my-position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Corbet Miskin 5191 W Charleston Ave,	t as registered per and comp. ni's signature) has/have auth <u>Title</u>	the above stated limited I agent and agree to act lete performance of my d nority to manage is/are:	liability company at the place in this capacity. I further agr duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision of accept the obligation. 8. The name, title or capa Title or Capacity: Manager	ctance: egistered agent and to accept service of atton. I hereby accept the appointment ions of all statutes relative to the property of my-position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Corbet Miskin 5191 W Charleston Ave, Ste 120, Las Vegas, NV 89	t as registered per and comp. ni's signature) has/have auth <u>Title</u>	the above stated limited I agent and agree to act lete performance of my d nority to manage is/are:	liability company at the place in this capacity. I further agr duties, and I am familiar with
Having been named as redesignated in this applicate ocomply with the provisional accept the obligation 8. The name, title or capa Title or Capacity: Manager (Use attachments if neces	contance: ergistered agent and to accept service of attion. I hereby accept the appointment ions of all statutes relative to the project of my-position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Corbet Miskin 5191 W Charleston Ave, Ste 120, Las Vegas, NV 89	nt as registered per and comp. nt's signature) has/have auth Title	the above stated limited agent and agree to act lete performance of my detection of the manage is/are: or Capacity:	liability company at the place in this capacity. I further agr duties, and I am familiar with
Having been named as redesignated in this applicated or comply with the provisional accept the obligation 8. The name, title or capatritle or Capacity: Manager (Use attachments if neces)	otance: ergistered agent and to accept service of attion. I hereby accept the appointment ions of all statutes relative to the property of my-position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Corbet Miskin 5191 W Charleston Ave, Ste 120, Las Vegas, NV 89 essary) e of existence, no more than 90 days of of which it is organized. (If the certification is organized.)	t as registered per and composite and compos	the above stated limited agent and agree to act lete performance of my defended by the manage is/are: or Capacity:	liability company at the place in this capacity. I further agriduties, and I am familiar with Name and Address:

Typed or printed name of signee

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, YAWKEY & ONTARIO, 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 27, 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 November 30, 2017.

Barbara K. Cegavske Secretary of State

Borbora K. Cegarste

Electronic Certificate
Certificate Number: C20171130-2888
You may verify this electronic certificate
online at http://www.nvsos.gov/