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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2018

MICHAEL A SCOTT, ESQ 10181-C SIX MILE CYPRESS PKWY FT MYERS, FL 33966 US

SUBJECT: CABE OPERATIONS, LLC

Ref. Number: W18000011863

We have received your document for CABE OPERATIONS, LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 the corrected original and one copy of your document, along with 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00002476

RECEIVED

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CABE Operations, LLC
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific se, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl
lease r	eturn all correspondence concerning this matter to the following:
	Michael A. Scott, Esq.
	Name of Person
	The Dorcey Law Firm, PLC
	Firm/Company
	10181-C Six Mile Cypress Pkwy
	Address
	Fort Myers, Florida 33966
•	City/State and Zip Code
	Mike@dorceylaw.com
	E-mail address: (to be used for future annual report notification)
or furtl	er information concerning this matter, please call:
	Michael A. Scott 239 418-0169
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 STREET ADDRESS: Division of Corporations Registration Section Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
nclosec	is a check for the following amount: \$\Begin{align*} \begin{align*} \le \text{ S125.00 Filing Fee} \\ \text{ Certificate of Status} \end{align*} \Begin{align*} \Begin{align*} \Begin{align*} \le \text{ S155.00 Filing Fee} \\ \text{ Certified Copy} \end{align*} \Begin{align*} \Begin{align*} \le \text{ S160.00 Filing Fee}, \text{ Certified Copy} \end{align*} \]

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

ment and the ment of the contract of the contr	rame adopted for the purpose of transacting business in Fl			"Limited Liabili	ity Compa	ary, L.D.C.	or "LLC	.")
Vevada		3.	82-3790090					
(Jurisdiction under the law of	which foreign limited liability company is organized)			(FEI number	, if applica	ible)		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	.) liability)					
1645 Village Center		6.	10515 Valencia L	akes Drive				
•	f Principal Office)			(Mailing Address	•			
Las Vegas, NV 8913	<u> </u>		Bonita Springs, F	10П02 3413	- ;	⊒ ∞'		
				r.m.	•	= (1)	<u> </u>	
Name and sec-4	ann of Florida annistant de como (B.O. B.	. እ ፣^ሞ				1974 - A.T.	833	- 1938 - 1945 -
Mattic and sireet addr	ess of Florida registered agent: (P.O. Box	K <u>IVUI</u> a	cceptable)			設装	2	
Name:	DLF Registered Agent Service, LLC						0	n.
	10181-C Six Mile Cypress Pkwy							
Office Address:	10101-C Bix Wille Cypicss I kwy					20,0	35	
Office Address:				3966		200	PH 12:	O
gistered agent's acce ving been named as a ignated in this applic comply with the provi	Fort Myers ptance: registered agent and to accept service of ation, I hereby accept the appointment a sions of all statutes relative to the proper ns of my position as registered agent	is register and con	red agent and agr	(Zip code) ed limited li ree to act in	this ca	pacity. I	53 at the	place er agre
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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, **CABE OPERATIONS**, **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 December 1, 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 February 13, 2018.

Barbara K. Cegavske Secretary of State

Barbara K. Cegarste

Electronic Certificate
Certificate Number: C20180213-1197
You may verify this electronic certificate
online at http://www.nvsos.gov/