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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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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 HOLDINGS, LLC Ref. Number: W18000011865

We have received your document for CABE HOLDINGS, 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: 518A00002477

RECEIVED
FEB 2 0 2978

COVER LETTER

CA	BE Holdings, L	LC			
UBJECT:			or to the true		
		Name of	f Limited Liability C	ompany	
					ransact Business in Florida," Certifi ty company to transact business in l
ease return all	correspondence	concerning this matter to th	c following:		
	Michael A. Sc	ott, Esq.			
		1	Name of Person		
	The Dorcey La	w Firm, PLC			
		1	irm/Company		
	10181-C Six N	file Cypress Pkwy			
			Address		
	Fort Myers, Fl	orida 33966			
		City/S	State and Zip Code		
1	Mike@dorceyla	w.com			
-		E-mail address: (to be use	d for future annual	report no	tification)
or further inform	nation concernit	ng this matter, please call:			
Michael	A. Scott		239 at (418-01	69
	Name	of Contact Person	Area Code	Day	time Telephone Number
Division	NG ADDRESS of Corporation			Division	F ADDRESS: of Corporations
Registra P.O. Box	tion Section x 6327			Registrat Clifton B	ion Section
	see, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301
	ck for the follow			.	—
118175	00 Filing Fee	3 \$130.00 Filing Fee &	□ \$155.00 Filing	Fee &	☐ \$160.00 Filing Fee, Certificate



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:

2 Nevada		eide The e	Iternate name must include "Limited Liabil	ty Camper	v""I.I.C"	r"LLC.")		
2. Nevada (harisdiction under the law of whice				ny Compun	, L.L.C, C	,		
	2. (Arrisdiction under the law of which foreign limited liability company is organized)			82-3778632 (FEI number, if applicable)				
4								
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration	liability)					
5. 1645 Village Center Circ	cle, Suite 170		10515 Valencia Lakes Drive					
(Street Address of Prin	ncipal Office)	٠.	(Mailing Addres		せか	=		
Las Vegas, NV 89134	- Parallel P		Bonita Springs, Florida 3413	5 1	- (1) 1 - (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
					<u> </u>	1933 1933	ائ).	
					34	∾		
Name and <u>street address</u>	of Florida registered agent: (P.O. Box	<u>NOT</u>	ecceptable)		***		THE STATE OF THE S	
Name:	DLF Registered Agent Service, LLC					2	٣	
- · - ·	IOLOL C Cir. Mile Common Plane							
Office Address:	10181-C Six Mile Cypress Pkwy		- 		Į H	1: 0		
•	Fort Myers		, Florida <u>33966</u>		-			
•	(City)		(Zip code)					
	(Registered agent's							
a Thomas tide	ity and address of the berson(s) who ha	RATIONAL	authority to manage is are.					
8. The name, title or capac <u>Title or Capacity:</u>	Name and Address:	T	tle or Canacity:	Name	and Addr	ess:		
		T		Name :	and Addr	ess:		
Title or Capacity:	Name and Address:			Name	and Addr	ess:		
Title or Capacity:	Name and Address: Chadd Hodges 10515 Valencia Lakes Drive			Name	and Addr	ess:		
Title or Capacity: MGR	Name and Address: Chadd Hodges 10515 Valencia Lakes Drive Bonita Springs, Florida 34135			Name	and Addr	<u>ess:</u>		
Title or Capacity: MGR (Use attachments if necessar	Name and Address: Chadd Hodges 10515 Valencia Lakes Drive Bonita Springs, Florida 34135	- - - -	tle or Capacity:				sh.	
Title or Capacity: MGR (Use attachments if necessary). Attached is a certificate of jurisdiction under the law of	Name and Address: Chadd Hodges 10515 Valencia Lakes Drive Bonita Springs. Florida 34135 ary) f existence, no more than 90 days old, of which it is organized. (If the certificate		tle or Capacity;	ang custo	ody of rec	ords in		
Title or Capacity: MGR (Use attachments if necessa 9. Attached is a certificate of jurisdiction under the law of of the translator must be sub 10. This document is execut	Name and Address: Chadd Hodges 10515 Valencia Lakes Drive Bonita Springs. Florida 34135 ary) ff existence, no more than 90 days old, of which it is organized. (If the certificate omitted) ed in accordance with section 605.0203	duly au e is in a	henticated by the official havi foreign language, a translation	ng custon of the	ody of rec certificate	ords in	oath	
Title or Capacity: MGR (Use attachments if necessa 9. Attached is a certificate of jurisdiction under the law of of the translator must be sub 10. This document is execut	Name and Address: Chadd Hodges 10515 Valencia Lakes Drive Bonita Springs. Florida 34135 ary) ff existence, no more than 90 days old, of which it is organized. (If the certificate smitted)	duly au e is in a	henticated by the official havi foreign language, a translation	ng custon of the	ody of rec certificate	ords in	oath	

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 HOLDINGS**, **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

Electronic Certificate
Certificate Number: C20180213-1196
You may verify this electronic certificate
online at http://www.nvsos.gov/