(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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TO: Registration Section

Division of C	lorporations				
SUBJECT:		SAOL Holdings, LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company				
			ansact Business in Florida," Certificate o y company to transact business in Florida		
Please return all corre	spondence concerning this matter t	o the following:			
		Jean-Edson Belcourt			
		Name of Person			
		Firm/Company			
	98	60 S. Thomas Dr. Unit 1927			
		Address			
		ma City Beach/Florida 32408 City/State and Zip Code			
	E-mail address: (to b	jeanedsonb@gmail.com e used for titure annual report no	tification)		
For further informatio	n concerning this matter, please ca	II:			
Kama	Parkinson at Leally Mine Name of Contact Person	······································	6-2453		
MAILING A Division of C Registration P.O. Box 63 Tallahassee,	ADDRESS: Corporations Section 27	STREE Division Registra Clifton I 2661 Ex	ytime Telephone Number T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301		
Enclosed is a check fe S125.00 F	r the following amount: iling Fee S130.00 Filing Fe Certificate of Status	e & S155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy		

COVER LETTER

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TO:

Registration Section
Division of Corporations

SUBJECT:	SAC	L Holdings, LLC				
	Name of Limited Liability Company					
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Comp ted to register the above refer	oany for Authorization to Tra enced foreign limited liability	unsact Business in Florida," Certificate of y company to transact business in Florida			
Please return all correspondence	concerning this matter to the	following:				
		n-Edson Belcourt				
	N	ame of Person				
	Fi	irm/Company				
	9860 S. Thomas Dr. Unit 1927					
		Address				
		City Beach/Florida 32408 tate and Zip Code				
	City/s	tate and Zip Code				
	jeanedsonb@gmail.com E-mail address: (to be used for future annual report notification)					
For further information concern	,	a lot fatale amua. Tejsori ne				
Kama Parkinso	n at Leally Mine	at (<u>800</u>) <u>375</u>	-2453			
Name	of Contact Person	Area Code Day	ytime Telephone Number			
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Division Registrat Clifton F 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
Enclosed is a check for the follows: \$125.00 Filing Fee	owing amount: S130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

	TION 605.0902, FLORIDA STATUTES. THE T ISINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REC	JSTER A FOREIGN LIMITED LIABILI
I SAOL Ho	ldings, LLC		
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLG	C.")
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting husiness in F	lorida. The alternate name must include "Limited	Lizability Company," "L.L.C," or "LLC.")
2. Alaska		3	number, (f applicable)
(Jurisdiction under the law of w	nich foreign lamited liability company is organized)	(Fit)	number, if applicable)
4	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	o registration) trine penalty liability)	
5. 1231 W. Northern Lights E (Street Address of I	Blvd. #911 Anchorage, AK 99503 Principal Office)	6. 9860 S. Thomas Dr. Unit 19 (Mailing	927 Panama City Beach, Ft. 32408 Address)
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
Name:	Jean-Edson Belcourt	 	る一個
Office Address:	9860 S. Thomas Dr. Unit 1927	. 	
	Panama City Beach	, Florida 324	08 (code)
to comply with the provise	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	r and complete performance of r	act in this capacity. I further agre
	(Registered agent	's signature)	
8. The name, title or cap. <u>Title or Capacity:</u>	acity and address of the person(s) who leads to make and Address:	has/have authority to manage is/ar <u>Title or Capacity:</u>	e: Name and Address:
Member	Jean-Edson Belcourt		
	9860 S. Thomas Dr. Unit 1927 Panama City Beach, FL 3240	· -	
Member	Esther Belcourt		
	9860 S. Thomas Dr. Unit 1927		1
	Panama City Beach, FL 32408	<u>i </u>	
(Use attachments if neces	sary)		
 Attached is a certificate jurisdiction under the law of the translator must be s 	<u> </u>	atefis in a foreign language, a tran	I having custody of records in the slation of the certificate under oath
10. This document is executed in a document to	ruted in accordance with section 605.02 o the Department of State constitutes a t	relof an authorized person 03 (1) (b), Florida Statutes, I am a third degree felony as provided for	ware that any false information in s.817.155, F.S.
	Jean-E	dson Belcourt	

Alaska Entity #10074938

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

SAOL Holdings, LLC

This entity was formed on January 02, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective January 03, 2018.

Mike Navarre Commissioner

Mile Marane